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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Madagascar

The Executive Director recommends that the Executive Board approve the country programme of Madagascar for the period 1990-1994 in the amount of $12,500,000 from general resources, subject to the availability of funds, and the amount of $25,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. With an area of 590,000 km^2, Madagascar ranks among the low-income developing countries, in spite of its potential, having a per capita gross domestic product (GDP) of $210 and a population of around 11.5 million in 1988. For nearly 10 years now, the country has been pursuing the structural reforms recommended by the World Bank and the International Monetary Fund. Among the features of the adjustment process on which Madagascar has embarked are the maintenance of demand management measures over an extended period of time and the restructuring of key sectors of the national economy. The objectives of domestic stabilization have been achieved, the Government's total deficit having been reduced from 18 per cent of the gross domestic product (GDP) in 1980 to 4.8 per cent in 1984 and subsequently to 3.7 per cent in 1988. However, owing to the debt burden, this domestic stabilization has not been accompanied by any significant improvement in the external balance; the debt service ratio, which stood at 16.2 per cent in 1980, was around 94 per cent in 1987 and 1988. During the same period, real GDP increased slightly, by 1.8 per cent on average, though that was still not enough to keep pace with population growth, estimated at 3.1 per cent in 1988.

2. The Government's austerity measures have taken a serious toll on the population. The cost of living has increased substantially, to the point where most of the people have difficulty providing for their basic needs, wages have been to all intents and purposes, frozen, the recruitment of government employees has been substantially limited and consumer and producer subsidies have been eliminated. The result has been a sharp erosion of the purchasing power of government employees in real terms, which has led to problems of absenteeism, inefficiency and poor motivation.

3. In the case of the ministries dealing with social issues in particular (education, health and population), budget cut-backs have resulted in a decline in the quality of services and a chronic shortage of operating resources. Although the budgets of these ministries grew annually by an average of 15 per cent in nominal terms during the period 1985-1989, real growth was only 7.6 per cent. In budget year 1989, the health and education budgets were $14.7 million and $38.1 million respectively, representing increases in nominal terms of 6.1 per cent and 7.6 per cent over 1988. Notwithstanding these appreciable increases, the situation has remained virtually unchanged owing to increased needs and an inflation rate of more than 26 per cent in 1988. This has wreaked havoc on the country's social structures and caused a deterioration in the health and nutritional status of the inhabitants, especially those in the most vulnerable group.

4. The aging health-care infrastructure and the lack of technical equipment, vehicles and essential drugs; inadequate basic and refresher training, and, above all, weak supervision; and, lastly, poor roads and water transport facilities have sapped the motivation of health-care workers. In addition, the quality of health care is poor and, as a result, the basic health units have lost credibility with the inhabitants, who have begun to avoid them and to seek help from traditional medicine instead.

5. The infant mortality rate (IMR) and the child mortality rate remain very high, standing in 1987 at 121 and 178 per 1,000 respectively. According to health statistics, the main causes of death among children in hospitals are, in descending order of importance: malaria, diarrhoeal diseases, malnutrition, acute respiratory infections (ARI), measles and tetanus. The maternal mortality rate (MMR), which was estimated at 240 per 100,000 live births in 1980, rose to 350 per 100,000 in 1987, while the per capita GDP index fell from 121.1 per cent to 98.8 per cent over the same period. In addition, 60 per cent of births take place at home, without any trained health personnel in attendance, and coverage of prenatal care is around 65 per cent for the initial visit (with the number of visits averaging two per pregnancy). Family planning services cover no more than 10 per cent of women of childbearing age, while abortion and its fatal complications (haemorrhage and septicaemia) are becoming more and more prevalent.

6. According to the Ministry of Health, the recent upsurge in the number of malaria cases resulted in nearly 35,000 deaths in 1987-1988 (twice that number according to the World Health Organization (WHO)). As a result of deteriorating living conditions, tuberculosis rose from eleventh place among diseases in 1984 to fourth place in 1987, and from ninth to fourth place as a cause of death over the same period, accounting for nearly 3.2 per cent of all hospital deaths, ranking just after malaria, malnutrition and diarrhoeal diseases. In 1988, immunization coverage was estimated to be around 40 per cent of the target population of the expanded programme of immunization (EPI), which, although begun in 1976 with the aim of immunizing against four diseases (triple vaccine against diptheria, tetanus and pertussis (DPT)) and the anti-tuberculosis vaccine (BCG)), was extended only gradually (polio in 1982 and measles in 1985).

7. Food insecurity, which was infrequent before 1978, has become permanent, especially among low-income families, particularly in the southern part of the country, where a drought has raged for several years. Chronic protein-calorie malnutrition affects around 70 per cent of the population, while severe malnutrition affects 6.2 per cent of children in the 0-5 age group, with a higher incidence among children between the ages of 12 and 24 months. The proportion of babies with low birth weight is 14.4 per cent. Iodine, calcium, iron and vitamin A deficiencies, in particular, are becoming more acute.

8. Not much headway has been made in providing safe drinking water for the population, with only 18 per cent of the inhabitants having access to safe drinking water (16.5 per cent in urban areas and 1.5 per cent in rural areas), as against 17 per cent in 1979. In the rural areas, there has been practically no improvement in the area of sanitation, while over-exploitation of woodlands, combined with brush fires, poses a dangerous threat to the environment.

9. In the field of education, the school enrolment ratio, which had reached 100 per cent owing to a policy of democratization and wider availability of primary school education, gradually declined during the 1980s, falling to 73 per cent in 1988. Teacher training was severely handicapped and the qualifications of teachers have suffered. Pedagogical and teaching materials are in extremely short supply because 96 per cent of the budget of the Ministry of Basic Education is allocated to salaries. Makeshift schools built by the people lack water, electricity and latrines. Then there is the poor health and nutritional status of the pupils.

READEX FICHE

These are the factors underlying the increase in the school drop-out rate (30 per cent) and the number of students repeating grade levels (20 per cent) and the rise in illiteracy.

10. Despite this situation, the Government is tirelessly pursuing structural reforms in the areas of domestic commerce and foreign trade and in the financial and public enterprise sectors. Similar efforts are being made in the areas of social policy and public spending, coupled with a careful demand management policy. One of the main objectives is for the economy to grow faster than the population in the medium term. To that end, greater emphasis will be given to the recently initiated overhaul of Madagascar's economic system aimed at giving it an open economy oriented towards the international market. While considering structural adjustment as a painful but necessary experience, the Government is endeavouring at the same time to alleviate the burden of suffering for the poorest groups in Malagasy society. To that end, at the end of 1988 it launched a programme of social action and support for economic management. In addition to management support, the programme has four principal components: essential drugs, family planning, nutrition and employment. Nevertheless, the programme's positive impact will be felt only in the medium term and will depend on acceleration of economic growth and on the positive effects of income distribution measures, on the one hand, and on the specific activities designed to improve the outlook for vulnerable groups and the amount of foreign assistance available, on the other hand.

PROGRAMME CO-OPERATION, 1986-1989

11. The programme adopted by the Executive Board in 1985 had been developed in the context of a world economic recession and enormous national financial problems. It was an emergency programme, intended as a response to the immediate needs of the people who were suffering from that situation. Two years into the programme, it appeared important to examine not only the impact which the problems were having but also the causes of the problems in order to combine the emergency response with development, particularly since at that time, after numerous studies, a great deal of data was available on the situation of mothers and children. In view of the alarming nature of certain data, it seemed urgent to give priority to the most serious problems at that moment, such as malnutrition, the upsurge in communicable diseases and inadequate supplies of essential drugs. In addition, the fundamental causes of these problems must be tackled using a participatory and multisectoral approach and through synchronized action so as to embark upon the path of genuine grass-roots development. The mid-term review of the programme in September 1987 identified the adjustments that were needed, which were incorporated in the plan of operations adopted in December 1987. Under that plan, programme activities were reorganized into four broad areas of co-operation: (a) organization and social mobilization (planning, public awareness, leadership, management); (b) education (training and information); (c) primary health care (PHC); and (d) economic development (food security, income-generating activities for women), constituting an integrated package of services for child survival and development. At the same time, certain activities retained their priority character - the expanded programme of immunization (EPI), the control of diarrhoeal diseases (CDD), malaria control, essential drugs - just as it had become imperative to consider the social dimension and structural adjustment.

Universal child immunization in 1990

12. The importance of immunization had led Madagascar to set a goal of approximately 80 per cent immunization coverage of children under two years of age by the end of 1990, with special emphasis on those under one year. In addition to supplying immunization equipment, cold chain components, means of transport and vaccines each year, UNICEF has assisted the Institut Pasteur to resume local production of the anti-tuberculosis vaccine BCG, which will no longer be imported beginning in 1990. When compared with the data for 1985, the immunization results for 1987 did not offer much hope that the target set for 1990 could be achieved, inasmuch as immunization coverage had failed to increase significantly: the increase was from 31.2 to 51.8 per cent for BCG; from 23.3 to 33.4 per cent for the DPT triple vaccine; from 20 to 32.6 per cent for polio; and from 0 to 5.9 per cent for the second dose of tetanus toxoid (TTII) for pregnant women and other women of childbearing age. The immunization rate for measles had even declined, falling from 28 to 26.5 per cent. Accordingly, in an effort to speed up the expanded programme of immunization (EPI), it was decided to carry out a programme evaluation and to organize several national immunization days. The programme evaluation was done in March 1989 and implementation of the resulting recommendations, which were both structural and operational in nature, brought a new dynamism to the entire programme. The system of reception, distribution and control of the vaccines, materials and equipment - throughout the entire country - improved as a result of the establishment of a logistics unit and a vaccine and equipment monitoring unit and the training of 90 technicians responsible for the maintenance of the cold chain components. Lessons learned from the national immunization days held in June, July and August of 1989 are expected to result in quantitative and qualitative improvements in the expanded programme of immunization, which had shown only modest gains in 1988: 67.4 per cent for BCG; 33.8 per cent for measles; 40.3 per cent for three doses of DPT; 39.1 per cent for polio; and 8.3 per cent for TTII. A study of immunization coverage is currently being carried out in collaboration with WHO.

Control of diarrhoeal diseases

13. Despite a massive supply of oral rehydration salts (ORS) distributed in all six of the country's regions, the programme in this area has not had the desired results. This is due to resistance from health practitioners to using oral rehydration therapy (ORT). An ORS manufacturing unit began operations in June 1988, thereby increasing supplies of ORS, although the number of packets produced is still limited, around 400,000 per year. Furthermore, this manufacturing unit has greatly heightened awareness of the need to reassess the programme and to grant priority to basic and refresher training for health workers, dissemination of information and efforts to make mothers aware of and proficient in the use of ORS. To that end, the national programme for the control of diarrhoeal diseases (CDD) was reviewed and given a new impetus with the creation, at the provincial level, of a number of diarrhoea treatment training units (UFDs), three of which are already functioning, and, at the medical district level, of "ORT areas" - places within health units where mothers can observe ORT demonstrations. Twelve ORT areas are scheduled to open by June 1990. At the same time, WHO is currently undertaking a national survey on diarrhoeal diseases, the results of

which should enable further refinement of the national programme for the control of diarrhoeal disease. Other efforts include the production of radio programmes; the publication and distribution of posters and booklets in the Malagasy language on the causes, treatment and prevention of diarrhoea; and the production of a videotape to be used in the diarrhoea treatment training units. Finally, research on traditional rehydration methods is being carried out.

14. In response to the resurgence of malaria and the rapid increase in malaria-related deaths, a four-pronged emergency control programme has been in effect since 1988: vector control in the high plains regions; nation-wide preventive chloroquine treatment; social mobilization; and epidemiological surveillance. Originated by WHO, this programme has sparked widespread internationanl interest and inspired solidarity, resulting in the rapid mobilization of human and material resources to combat the scourge. France, Italy, Switzerland and the World Bank have furnished insecticides, spraying equipment, means of transport and anti-malarials. WHO has contributed international technical assistance, while UNICEF has become involved in the training of technical personnel and has supported the campaign of information, education and communication (IEC) under this project. These efforts have had highly encouraging results, especially in the high plains regions, where the parasite rate has dropped from 30 per cent to 2 per cent and the mortality rate is currenlty 3.3 per 1,000, a decrease of 75 per cent betwen 1988 and 1989.

15. In view of the seriousness of malaria and the complete absence of essential drugs in the local health units, an emergency programme was set up in 1987 designed to distribute drugs through small community-based village pharmacies (CVP). Initially limited to the treatment of malaria, diarrhoeal diseases and acute respiratory infections (ARI), the drugs supplied have been distributed on a cost-recovery basis, enabling the villagers to operate these pharmacies on their own. The programme's character has changed as it has moved away from the emergency stage and in the direction of the Bamako Initiative. It supports nutritional rehabilitation activities in the health centres and other community efforts, depending on community needs and priorities. From an initial group of 7, the community-based village pharmacies now number 48 and they dispense some 12 drugs. The population served has increased from 7,000 to 50,000 and, during this experimental phase, plans are under way to set up 100 CVPs to serve just over 100,000 individuals. An evaluation/study of this project is scheduled for this year with a view to identifying approaches for a nation-wide programme.

The social dimension and structural adjustment

16. In carrying out its various activities, UNICEF has implicitly kept in mind the adverse effects of structural adjustment on the social fabric in Madagascar. It is especially in the area of diet and nutrition that it has appeared necessary to design specific activities to give a human face to structural adjustment. In order to attack the root causes of the problem, a national food and nutrition surveillance programme (PNSAN) was designed. Its objective is to identify the relevant risk indicators and the groups which are most affected by undernutrition and malnutrition. It is also designed to assess the impact of the different food and nutrition programmes currently operating in the country. PNSAN, which is

supported by the inter-agency programme on food and nutrition surveillance - in which the United Nations Food and Agriculture Organization (FAO), WHO and UNICEF participate - has begun to train national personnel in computer skills and the techniques of food and nutrition surveillance. Under the auspices of the programme, an inventory of existing information was put together, covering agricultural output and demographic projections for each district; prices of basic commodities; and anthropometric data. A risk assessment was also carried out to identify those groups and geographical areas at greatest risk for undernutrition and malnutrition.

17. Nutritional deficiencies are a major problem. Action-oriented research on iodine and vitamin A deficiencies was undertaken with UNICEF assistance.

18. Nutrition activities are complemented by nutrition education at the primary school level linked to agricultural production activities. UNICEF has helped to develop teaching materials, such as nutrition and health education fact sheets in the Malagasy language for student use. The findings of the evaluation of this project were for the most part positive. Teachers were able to assimilate the materials and use them correctly in order to include nutrition education content in other subjects, use modern practices and ensure the nutrition surveillance of pupils. The project also obtained good results in personal hygiene, environmental hygiene and parental education designed to extend the influence of schools to the community at large.

19. In the same context, a number of activities were planned and implemented in urban areas concerned with street children, on the one hand, and community development, on the other. Helping such children to find a place in society was the concern of non-governmental organizations (NGOs) supported by UNICEF. Furthermore, UNICEF assisted the Ministry of Population in establishing a meeting, information and training centre for social workers in urban community development; and in training 45 of those social workers to work with street children in 12 low-income neighbourhoods of Antananarivo. Sanitation projects were carried out by the residents of Isotry, one of the most populous neighbourhoods of the capital. Cleaning and repair of drainage facilities, organization of household garbage removal, and the development of gardens in co-operation with the municipal authorities helped to bring about a significant decrease in the incidence of malaria.

20. Finally, the need to reach children in the most disadvantaged social classes through pre-school education led the Government to define and formulate, with UNICEF support, a national policy for the standardization of teacher training and pre-school education programmes. UNICEF also assisted in teacher training and production of play equipment and educational materials.

Integrated regional activities for child survival and development

21. Child survival and development activities (CSD) have been incorporated most fully at the regional level, particularly in Fianarantsoa and Toliary provinces. In the other provinces, UNICEF-assisted activities have served as an entry point for the gradual reorganization of the programme.

22. In Fianarantsoa province, social mobilization and organization activities were targeted to women who were members of a dynamic association which executed the project. Introductory training in mobilization and awareness-raising techniques coupled with literacy activities, made it possible to: (a) accelerate immunization activities in the 14 villages covered by the project; (b) launch weight-monitoring projects outside the geographical area covered by the project, reaching 40 new villages; (c) establish a community pharmacy in each of the original 14 villages; (d) train 250 agricultural assistants who worked at promoting market gardening; and (e) build three day-care centres using the income generated from market gardening and keep them supplied with produce.

23. In Toliary province, which has faced many constraints, the groundwork has at last been laid for the more harmonious and carefully phased execution of the Tolagnaro project. In the area of institution-building, the five villages selected (Ankilivalo, Belavenoka, Manatantely, Mandiso and Mandromodromotra) set up development committees whose members received basic management training. Literacy programmes were organized. In the health area, drugs were distributed to health units pending the establishment of community pharmacies. Two gravity-fed water supply systems were built, one at Mandiso and the second at Mandromodromotra. The greatest strides were made in the area of economic activities, thanks to the system for managing the equipment made available under the project, which entailed renting equipment to members of the community, with the proceeds being used, among other things, for maintenance and repairs. The results in this area have been quite spectacular, with households managing to increase their monthly income.

24. In Fianarantsoa, the rural development centre provided organizational and technical advice to seven villages, with a population of 6,000, in health education, applied nutrition, appropriate technology and income-generating activities. Community grain storage facilities, grain banks and seed banks were established. Training of villagers involved several areas of everyday life, enabling them to manage their own affairs and become the agents of their own development.

25. The other integrated activities are still either at the implementation or the design or refinement stage. As regards all these activities, UNICEF was involved in the socio-economic surveys of the project sites, basic and refresher training for supervisory staff, and the provision of supplies and equipment for the various training, health and agricultural development activities.

Communication and social mobilization

26. Particular emphasis was placed on use of traditional media (theatre, songs, stories), together with modern communication techniques, for social mobilization. UNICEF assisted in training communicators and in production of audio-visual aids. Social mobilization played an especially important role in the three national immunization days in 1989. In October of that year, a symposium of intellectuals and artists from the Indian Ocean region was held as a way of enlisting their support for the cause of mothers and children. This symposium produced the "Antananarivo appeal", which called upon artists and intellectuals to organize a major mobilization campaign to benefit mothers and children in the context of the

forthcoming United Nations development decade, which the Organization of African Unity (OAU) has dedicated to African children.

Monitoring and evaluation

27. The monitoring and evaluation of the different components of the programme co-operation were provided for on an ongoing basis and in a variety of forms by the government offices concerned and by UNICEF. As a result it was possible to introduce appropriate adjustments in the programme foreshadowing the structure of the new programme co-operation for 1990-1994.

Lessons learned

28. The experience so far has been helpful in several ways. It has made it possible to refine the programming process by systematically seeking out the root causes of problems and by taking specific steps to deal with them. It has also made it possible to identify the gaps and shortcomings in the government set-up and to take the necessary corrective action. But above all experience has helped to highlight the existence of the determination and capacity in rural communities to take responsibility for their own affairs and to play a bigger role in their own development.

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1994

Recommended general resources: $12,500,000
Supplementary funding: $25,000,000

Recommended programme co-operation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	3 680	11 278	14 958
Nutrition	1 900	3 200	5 100
Education	1 425	4 555	5 980
Social mobilization	252	640	892
Programme support	3 073	-	3 073
Regional projects	2 170	5 327	7 497
Total	12 500	25 000	37 500

a/ A breakdown of the estimated costs of recommended programmes to be funded from general resources and supplementary funding is given in table 2.

b/ Approved budgets to be financed from supplementary funds are shown in table 3.

Programme preparation process

29. The first stage in the preparation of the new programme consisted in the Government's drawing up an analysis of the situation of children and women in Madagascar as a basis for programming and a tool for advocacy on behalf of Malagasy children and women. At a seminar held at Antsirabe, which brought together the various governmental partners, including the Ministry of Planning and the Ministry of Foreign Affairs, on the one hand, and UNICEF and the entire United Nations system, on the other, the participants reviewed the main problems facing Malagasy mothers and children in the light of the situation analysis. At the conclusion of the seminar, areas for intervention were identified and a co-operation methodology proposed. These areas included ongoing efforts to build consensus on the solution of problems and a unified approach; an effort to listen to the grass-roots level in order to tailor responses to the real conditions and needs of beneficiaries; the reduction of bureaucratic red tape so as to empower communities to express themselves and take charge of their future. These basic principles, called the "Antsirab spirit", presided over the entire programming exercise, the culmination of which was the development of the framework and strategy for co-operation between the Malagasy Government and UNICEF.

Broad objectives

30. The new programme co-operation is the result of ongoing efforts gradually to adapt the previous programme to the changed conditions in Madagascar, the aspirations of the inhabitants and the determination of the political authorities to respond to those aspirations. The new programme is in line with the resolution adopted by the Organization of African Unity proclaiming the 1990s as the decade for the survival, protection and development of African children. The Government has endorsed the joint WHO/UNICEF targets for the decade and, during the period covered by the project, will strive to achieve 50 per cent of these targets. Obviously, the programme's success will depend to a large extent on whether the supplementary resources referred to above can be raised.

Approach and programme structure

31. The approach and programme structure were designed on the basis of the following principles:

(a) The programme is to be nation-wide as regards PHC, nutrition and education, with special attention being given to the least developed districts and communities. The regional approach will be strengthened along the lines of the model developed and implemented in the integrated action areas. This will involve, in particular, improving, consolidating and streamlining or supplementing the existing set-up in the four provinces (Antananarivo, Fianarantsoa, Toamasina and Toliary). Nation-wide and, where they exist, regional interventions are to be co-ordinated and mutually reinforcing;

(b) The programme will be implemented in the context of structural adjustment; consequently, to the extent possible, action should be focused on

the groups that have been hardest hit, greater attention should be paid to the situation of women and children, and care should be taken to integrate social development measures with the overall adjustment policy with the aim of protecting the poor and the disadvantaged. Studies to identify the most disadvantaged groups, have already been carried out in Fianarantsoa and Toliary provinces and will also be undertaken in the provinces of Antananarivo and Toamasina;

(c) Women's concerns should be taken into account in all areas of co-operation;

(d) Community participation will be based on co-operation between the State and the decentralized authorities, and between the latter and village communities. These communities should be directly involved in all aspects of their development;

(e) Social mobilization will be the driving force for the implementation of this package of interventions, which has been designed to be consistent and in respect of which careful phasing is of the essence.

Health

32. The broad objective of this project is to bring about, before the end of the next decade, a significant reduction in the existing infant, child and maternal mortality rates. During the period covered by the programme, the Government will strive to develop or reorganize relevant institutional arrangements and programmes. It will also endeavour to train the personnel needed to achieve these objectives. To that end, the Ministry of Health will reinforce the national PHC programme in order to restore the lost credibility of the health-care system. Health units will gradually be rehabilitated and provided with new technical equipment, with priority being given to basic health-care structures, namely, the PHC centres, nursing stations, lying-in clinics and maternal and child health centres (MCHC). In order to provide for the medical evacuation of emergency cases, referral centres will be provided with the necessary means of transport at the medical district level. There is a need to ensure steady supply of essential drugs for the treatment of common diseases. Health-care personnel will be provided with refresher training and the motivation and supervision of health-care personnel will be improved. Thus, the system will be able to perform satisfactorily from both the quantitative and the qualitative point of view in providing curative and preventive health care in the area of MCH, specifically, immunization; control of diarrhoeal diseases; systematic treatment of acute respiratory infections (ARI); growth monitoring and the treatment of malnutrition; the prevention of maternal mortality in keeping with the concept of "safe motherhood"; control of communicable diseases; and health education. Alongside these activities in the stationary health units, outreach and mobile strategies will be used to provide coverage of the target population in areas that are difficult to reach. In order to ensure the effectiveness of the system, care will be taken, in particular, to reintegrate in it activities that continue to have a vertical character, for example, immunization and CDD. UNICEF will provide technical equipment and supplies for 2,000 health units, at the rate of 400 per year. Grants for basic and refresher training in PHC/MCH will be provided in 1990 for 252 doctors from different levels of the health-care system, i.e., the provincial health services and health districts. These doctors will, in turn, train 300 paramedics for the health-care sectors and

300 health aides each year between 1990 and 1994. UNICEF will provide assistance in the area of transport and in re-establishing and improving supervision. UNICEF will also help to strengthen the capacity of communities to plan and manage PHC as part of an integrated regional approach. In order to help to ensure the sustainability of the system, UNICEF will also assist in developing a national cost-recovery scheme along the lines of the Bamako Initiative, taking into account the experiments that are under way in various parts of the country.

33. All the efforts aimed at accelerating EPI will be continued in order to meet in 1990 the target of 80-per-cent coverage of children under the age of two for each immunization, with priority attention being given to children under the age of one, and to achieve the goal of immunizing 80 per cent of women of childbearing age against tetanus. These rates should be maintained or even increased at the end of the programme. That will require: (a) the efficient functioning of the cold chain; (b) the practice of administering immunizations in all health units that have a refrigerator; (c) the observance of correct procedures for injection and sterilization (one needle, one syringe per person); (d) making up for missed opportunities; (e) the development of epidemiological surveillance; (f) basic and refresher training for personnel at all levels. The strategies to be adopted will include: (a) integration of EPI into regular activities by extending the stationary strategy to the 2,000 health care units; (b) development of the outreach strategy in health units having equipment for the storage of vaccines in order to cover the area within a radius of 10 kilometres of the units and development of a mobile strategy to cover the 20 per cent of the target population living in areas that are difficult to reach, using for this purpose the 36 mobile health teams based in the 36 medical districts; (c) strengthening supervision and social mobilization and ensuring that they are more systematic. UNICEF will provide the necessary vaccines, and will replace or supplement equipment used for immunizations, cold chain components and vehicles. It will also make a more effective contribution to the operation of the cold chain and the strengthening of supervision by assuming the costs of petrol and essential rounds. It will provide assistance for periodic refresher training of health-care personnel and cold-chain technicians.

34. UNICEF will support the CDD programme through the use of ORT in order to reduce by at least half the number of deaths due to diarrhoeal diseases among children under five years of age. Emphasis will be placed on: (a) basic and refresher training for health-care workers in the seven units providing diarrhoea treatment training and paramedics in the 200 ORT areas and MCH centres; (b) increasing the awareness of mothers through health education and ORT demonstrations; (c) social mobilization at all levels to increase public awareness regarding the prevention of diarrhoeal diseases through hygiene and sanitation measures and the early treatment of diarrhoea using home-prepared oral rehydration formulas and ORS packets; (d) the introduction of ORT into the curricula of medical schools and medico-social training institutions and the introduction of individual and collective CDD measures. UNICEF will also assist the national unit for the production of ORS packets gradually to raise its annual output so that, by the end of the period covered by this programme, it will be operating at peak capacity, which will cover the country's annual needs. UNICEF's contribution will consist in

the provision of half the raw materials needed during the first two years of the programme. Lastly, UNICEF will provide assistance for follow-up and monitoring of the programme and epidemiological surveillance of diarrhoeal diseases by providing 8,000 data collection cards each year in order to measure the impact which all these activities have on trends in the incidence of diarrhoeal diseases.

35. As regards the control of ARI, the objective will be to reduce substantially the mortality rate linked to these diseases among children under five years of age through diagnosis and standardized case management. By strengthening MCH activities, UNICEF will assist in the retraining of MCH/PHC workers and in developing standardized treatment protocols for ARI. The institution of an essential drugs policy will also be conducive to meeting these targets to the fullest extent possible.

36. Growth-monitoring activities and the detection and treatment of malnutrition among children under the age of five during visits will become routine in all health units with the aim of reducing the incidence of moderate malnutrition and reducing to 2 per cent the rate of severe malnutrition by the year 2000. An additional 100 nutrition rehabilitation and education centres (CRENs) will be opened in regions where there is a high incidence of malnutrition. Cases of severe malnutrition will be referred to the paediatric health services. Nutrition education will be provided in all health units, and kitchen gardens will be promoted at the CRENs and in MCH centres. In addition to equipment already provided for in PHC/MCH, UNICEF will supply growth-monitoring charts and light gardening equipment. The refresher training planned for all health-care personnel with UNICEF assistance will include components on nutrition and proper food handling.

37. The main objective of the "safe motherhood" programme is to reduce the maternal mortality rate in the next decade through specific preventive and curative measures. Technical equipment and logistic assistance provided by UNICEF will be used for that purpose and MCH workers will receive refresher training. The UNICEF contribution will be used to help enhance the quality of care provided in the areas of: (a) birth spacing; (b) screening for high-risk pregnancies; (c) the supervision of births by trained personnel; (d) post-partum care of mothers and neo-natal care of newborns. In cases presenting complications, women will be sent to referral centres, which will also be receiving special attention from other organizations, including the United Nations Development Programme (UNDP), which takes a special interest in health and which has funds available for this purpose. Follow-up and monitoring of these activities will make use of MCH information materials and MCH/PHC supervision schedules. The evaluation will be based on routine reports and maternal mortality surveys conducted at the start and on the completion of the MCH programme.

38. Efforts to control communicable diseases will focus mainly on malaria and tuberculosis. In view of the very encouraging results achieved during the emergency phase, the Ministry of Health will pursue the early treatment of malaria, especially among very young children and pregnant women. UNICEF will continue to support this programme by providing training for 27,000 chloroquine distributors and refresher training for health personnel. UNICEF will also continue to provide

assistance for IEC campaigns dealing with malaria control. Short-cycle anti-tuberculosis drugs will be provided to mothers, children and families of tuberculosis patients. The latter belong to one of the most vulnerable groups and cannot afford the high costs of treatment. UNICEF will assist action in this area by providing enough anti-tuberculosis drugs to treat 3,000 cases a year for the first two years of the programme.

39. Proposals for a national essential drugs policy and a nation-wide approach that takes regional conditions into account should emerge from the study on the various cost-recovery experiments involving essential drugs. UNICEF will assist the Government in carrying out a basic drugs programme along the lines of the Bamako Initiative once such a programme has been developed.

40. Social mobilization and health education activities will be planned and carried out at all levels of the health-care system. UNICEF will provide audio-visual aids and teaching materials dealing with various MCH/PHC topics, the training of trainers and supervision.

Nutrition

41. The Government is aware that the only way to solve the problem of malnutrition is through a package of co-ordinated measures in various sectors of the economy, agriculture, education, health and public works, and it has accordingly placed all nutrition activities under the responsibility of the Ministry of Scientific Research for Development, which oversees the National Committee on Nutrition. The latter is responsible for food and nutrition surveillance and efforts to combat nutritional deficiencies. In addition, the national food and nutrition surveillance programme which was implemented in 1989 will be continued, as will the programme to combat nutritional deficiencies covering: (a) nutritional anaemia; (b) iodine deficiency disorders; (c) vitamin A deficiency; and (d) calcium deficiencies. Surveys on all the deficiencies which are prevalent but whose full extent is not yet known will be carried out during the first year and should lead to the adoption of strategies to improve and supplement nutritional intake by relevant units of the Ministry of Health. UNICEF will provide the Ministry of Scientific Research for Development with the means necessary to pursue this research to completion by making available to it supplies, equipment, means of transport and international and national technical assistance. It will also assist the Ministry of Health in its treatment activities and will provide help for the development of weaning foods prepared from local ingredients. The school nutrition education programme linked to agricultural production activities in the basic education schools will gradually be extended throughout the national territory at the rate of three districts per province, with the aim of covering 25 per cent of the country's primary schools by the end of 1994. Early childhood feeding is the object of tripartite co-operation involving the Government, the World Bank and UNICEF. The programme is financed by the World Bank and UNICEF has been requested to make its expertise available for the technical monitoring of the programme. The activity which began with an experimental phase involving 80 nutritional rehabilitation centres, is intended to be followed up initially by a pilot programme and subsequently by a nation-wide programme. UNICEF's involvement will be limited to this technical support.

Water and sanitation

42. A number of co-operation agencies, including UNDP, WHO, the World Bank and some NGOs, are collaborating in the water and sanitation programme. For its part, UNICEF will make a contribution to regional programmes in which water and sanitation constitute one of the main components of PHC. Since there was no national machinery responsible for the co-ordination and monitoring of activities in this area, a national committee was set up in the Ministry of Planning in connection with the Water and Sanitation Decade. The Government is preparing a plan of action covering the next ten years. UNICEF intends to provide support for a study of the various rural water supply activities and on their scope and coverage. UNICEF intends to draw on its experience with the water-sanitation-environment approach reflected in its regional projects in order to prepare a programme of co-operation encompassing these three dimensions.

Basic education

43. UNICEF's involvement in the area of basic education will be at the level of pre-school education, primary education and non-formal education for adolescent and adult illiterates in rural areas, with special emphasis on women. The overall objective of the basic education programme is to strengthen school organizational structures and curricula so that they contribute more effectively to child survival and development in Madagascar. With these objectives in view, the following interdependent activities are proposed:

(a) Improvement and expandsion of pre-school education to cover 30 per cent of all pre-school-aged children. This will entail advocacy and increasing public awareness of the need to stimulate children in the early years of childhood and of the importance of parental education; the setting up by the community of early childhood stimulation centres; the development, production and distribution of teaching materials and play equipment; provision of equipment for community activities to pre-school education centres;

(b) Gradually extending nation-wide the school nutrition education programme linked to agricultural production activities in basic education schools, in the light of the convincing results achieved in the experiment at Fénérive-Est;

(c) Strengthening functional literacy activities and incorporating them in all regional projects in order to reach women and ensure better understanding and participation by women in various social advancement activities. The chief teaching aid used for trainers and beneficiaries will be the booklet entitled Facts for life, which has already been translated into the Malagasy language. Other teaching materials will be prepared in the field as required for subsidiary activities connected with the literacy training.

44. It has also been decided that the education sector may undergo changes or be expanded in pursuance of the recommendations of the Bangkok conference on education for all.

45. The regional approach, which is well suited to Madagascar's decentralized system of political administration, will be maintained, improved and consolidated in accordance with the general outline included in the most recent plan of operations. Account will be taken, in particular, of any special local circumstances and potential and the local human resources to be developed. The programmes prepared on the basis of this approach should improve support capacity at all levels of society, especially at the grass-roots level. The programmes will aim to get people effectively involved in analysing their development problems and in taking appropriate and timely action to improve their living conditions and ensure child survival, protection and development. The programme will entail the following steps:

(a) Organization and mobilization of the inhabitants and providing village leaders with training in community development, group dynamics and management;

(b) Helping the target population to understand the new concepts through functional literacy, and cultural and information activities using traditional and modern communication techniques;

(c) Implementation of PHC projects which give prominence to water, sanitation and production activities. These activities should be pitched especially to women to encourage them to produce for their own use and to generate the income they need to meet their basic needs, with special emphasis on activities relating to food production, preservation and processing. The districts chosen in Antananarivo province are Ampefy, Imerina Ouest, Ambohitrimanjaka and Fieferana, the entry point for the projects being MCH. Implementation of the programme has begun. In Fianarantsoa province, the entry points will continue to be women's activities at Vohipeno and Manakara and environment at Ifanadiana. In Tamatave province the entry points are education at Fénérive-Est and MCH at Vatomandry. Lastly, in Toliary province, the entry point at Tolagnaro is the village development committees. For all four regions what is involved is the continuation of activities that are just about ready to be launched. During the period 1990-1994 a special effort will be made to standardize the integrated regional approach and implement activities for which prior feasibility studies are needed, such as the use of revolving funds, income-generating activities for women, and the more consistent incorporation of environment and appropriate technologies components in the activities. In urban areas, the integrated approach will accord special attention to street children and exploited children. This activity will be supported by effective advocacy addressed to the competent authorities. UNICEF will continue its support by providing supplies, equipment and means of transport. It will be involved in training and will help to forge links between the target population and the State through the local authorities or decentralized organizations.

Social mobilization

46. In this area, apart from the development of activities in support of CSD, special attention will be given to increased co-operation with the media with respect to advocacy targeted to the new allies of UNICEF: artists, intellectuals, parliamentarians and church leaders. Special emphasis will be given to the media,

which will receive substantial support to strengthen their capacity to produce and disseminate messages relating to CSD. Towards that end, UNICEF will provide assistance to the Ministry of Information in the areas of audio-visual equipment and logistics.

Monitoring and evaluation

47. Monitoring the indicators in the various sectors of co-operation will provide a measure of the programme's impact in terms of the targets set for maternal and child survival and development. Each year an early assessment will be made of the effectiveness of the monitoring devices. Supervision of field activities should help to monitor the quality of services from the technical and supervisory points of view and to measure changes in attitudes and behaviour among both the personnel involved and the target population. Knowledge, attitude and practice (KAP) surveys will be used to evaluate the results. The situation analysis on children and women will be updated on a regular basis on the basis of the information provided by the monitoring systems studies and specific surveys. A comprehensive programme review is planned for 1992.

Co-operation with other agencies

48. The co-operation which has been effectively established at the grass-roots level with other bilateral and multilateral co-operation agencies or national or international NGOs will be maintained and strengthened. In the EPI sector, UNICEF plans to co-operate with the United States Agency for International Development and WHO, the Rotary Club and the Alliance Française. WHO and Swiss Co-operation will collaborate in the area of CDD and essential drugs; WHO, FAO, WFP and the World Bank in the area of nutrition; and UNDP and the World Bank in the area of water and environment. Consultations and meetings will be held on a regular basis in connection with this co-operation, as is done in the case of EPI, thereby fostering the systematic exchange of information, co-operation, joint action, and, where relevant, complementarity of activities and the harmonization of approaches. This kind of co-operation will be extended to other agencies, in particular the French Fonds d'aide et de co-operation culturelle, German Agency for Technical Co-operation, the International Labour Office, Secours Catholique and International Action against Hunger. Exchanges of information with the main donor countries (United States, Canada, Finland, Switzerland, France, the Netherlands, Luxembourg, Japan), the World Bank and national committees for UNICEF will be intensified in support efforts by the UNICEF Programme Funding Office to mobilize resources.

MADAGASCAR

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	184	(1988)	Very high U5MR
Infant mortality rate	119	(1988)	Very high IMR
GNP per capita	$210	(1987)	Low GNP
Total population	11 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	315	404	471	516
Infant deaths (under 1)	(thousands)	58	57	59	61
Under-five deaths	(thousands)	89	87	91	95
Under-five mortality rate (per 1,000 live births)		283	216	193	184
Infant mortality rate (under 1) (per 1,000 live births)		183	140	125	119

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1983-1984)	Moderate & severe	..	33
	Severe	..	8
Babies with low birth weight (%, 1986)		..	10*
Children completing primary level (% of first grade, 1984/1988)		30*	48*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980)		95/95/85	../../..
Prevalence of wasting (%, 1983-1984)		..	18
Prevalence of stunting (%, 1983-1984)		..	41
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		109	106
Food production per capita index (Index 1979-1981=100, 1980/1987)		102	91
Household expenditure (% of total income, 1980-1985)	All food/cereals	../..	58/22

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-87)			2
Access to health services (% of population, 1980/1986)	Total	60*	56*
	Urban/rural	../..	../..
Access to safe water (% of population, 1980/1986)	Total	20	32
	Urban/rural	30/7	81/17
Access to adequate sanitation (% of population, 1980/1986)	Total	..	..
	Urban/rural	9/..	../..
Births attended by trained personnel (%, 1984)			62
Maternal mortality rate (per 100,000 live births, 1981)		240	..

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	25	31	42	62
	DPT	40	23	30	40
	Polio	..	20	24	38
	Measles	..	28	10	35
Pregnant women (%) immunized against	Tetanus	..	22	5	6

MADAGASCAR

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	184	(1988)	Very high U5MR
Infant mortality rate	119	(1988)	Very high IMR
GNP per capita	$210	(1987)	Low GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	148/..	94/87
(%, 1980/1987)	Male	152/..	97/89
	Female	144/..	92/..
Secondary enrolment ratio (gross/net)	Total	../..	21/..
(%, 1980/1987)	Male	../..	23/..
	Female	../..	19/..
Adult literacy rate, 15 years & older	Total	50	68
(%, 1970/1985)	Male/female	56/43	74/62
Radio/television sets			
(per 1,000 population, 1980/1987)		../5	193/ 6

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	6.7	8.8	10.2	11.2	16.6
Population aged 0-15 years	(millions)	..	4.1	4.8	5.3	..
Population aged 0-4 years	(millions)	..	1.5	1.8	2.0	3.0
Urban population (% of total)		14	19	22	24	32
Life expectancy at births (years)	Total	40	44	46	46	52
	Male/female	44/47	49/52	51/54	52/55	57/60
Total fertility rate		6.6	6.6	6.6	6.6	6.2
Crude birth rate (per 1,000 population)		47	46	46	46	43
Crude death rate (per 1,000 population)		20	16	15	14	11

		About 1980	Most recent
Contraceptive prevalence rate		..	..
(%)			
Population annual growth rate	Total	2.5	3.1
(%, 1965-1980/1980-1987)	Urban	5.7	6.1

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		-0.4	-3.7
(%, 1965-1980/1980-1987)			
Inflation rate (%, 1965-1980/1980-1987)		8	18
Population in absolute poverty	Urban/rural	50/50	../..
(%, 1977/1987)			
Household income share	Top 20%/bottom 40%	../..	../..
(%)			
Government expenditure	Health/education	4/ 9	../..
(% of total expenditure, 1972)	Defence	4	..
Household expenditure	Health/education	1/6	../..
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	230	327
(1980/1987)	As % of GNP	8	16
Debt service			
(% of goods & services exports, 1970/1987)		4	35

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1986-1989

(Thousands of United States dollars)

COUNTRY: MADAGASCAR
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $5,082,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	1616	3469	26	70	9	123	137	295	1788	3957	5745
Water supply and sanitation	88	35					59	65	147	100	246
Nutrition	243	171	28	13	1		159	25	431	209	640
Education	218	13	124	10	13		297	17	653	40	692
Community organization and development	35	13	56	13			47	30	138	56	194
Young child development		2		4						6	6
Women-centred programme		12						11		23	23
Emergency	150	307	246			6	15	36	411	349	760
Planning and project support	211	368	15	4	511	24	484	186	1221	582	1802
Freight	467	602							467	602	1069
GRAND TOTAL	3028	4991	495	114	534	153	1197	664	5255	5922	11177

GR = General resources.
SF = Supplementary funding.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: MADAGASCAR Period covered: 1990-1994	Funding status	1990	1991	1992	1993	1994	Total
Health							
Immunization	GR	100	200	200	200	200	900
	NSF	1200	1152	1228	1184	1152	5916
Control of diarrhoeal diseases	GR	50	50	50	50	50	250
	NSF	80	100	112	140	168	600
Other health	GR	505	520	498	500	507	2530
	NSF	486	880	1116	1148	1132	4762
Subtotal, health	GR	655	770	748	750	757	3680
	NSF	1766	2132	2456	2472	2452	11278
Nutrition	GR	350	400	350	400	400	1900
	NSF	640	640	640	640	640	3200
Education	GR	205	205	205	205	205	1025
	NSF	660	755	810	805	775	3805
Area-based integrated programme	GR	115	500	522	520	513	2170
	NSF	1656	1195	816	805	855	5327
Young child development	GR	80	80	80	80	80	400
	NSF	150	150	150	150	150	750
Advocacy	GR	57	57	57	46	35	252
	NSF	128	128	128	128	128	640
Planning and project support	GR	638	588	638	599	610	3073
TOTAL	GR	2100	2600	2600	2600	2600	12500
	NSF	5000	5000	5000	5000	5000	25000
GRAND TOTAL		7100	7600	7600	7600	7600	37500

GR = General resources.
NSF = New supplementary funding.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: MADAGASCAR	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts	3	445
Local national Professional and General Service established posts	7 a/	129 a/
Operating costs		570 b/
Total	10	1144
FINANCED FROM PROGRAMME FUNDS: c/		
International Professional project posts		
General resources	4	576
Supplementary funds	3	408
Local national Professional and General Service project posts		
General resources	13	182
Supplementary funds	8	125
Total	28	1291

a/ Excluding Mauritius and Comoros.
b/ Including Mauritius and Comoros.
c/ For information source, see 1990 post authorization table, revised October 1989.

Annex

LIST OF STUDIES AND EVALUATIONS

Health

1. Evaluation, réadjustement et extension des activités des Centres d'éducation et de récupération nutritionnelle de la Croix-Rouge Malgache, August 1987.

2. Rapport de synthèse de la mission d'évaluation du programme national de vaccination à Madagascar, March 1989.

Nutrition

3. Proposition pour un programme d'aides alimentaires ciblé au profit des couches les plus démunies à Madagascar, May 1988.

Basic education

4. Le problème de redoublement et de l'abandon scolaire au niveau de l'éducation de base à Madagascar, August 1987.

5. L'éducation nutritionnelle liée aux activités productives en agriculture à l'école d'éducation de base, Evaluation formative, July 1988.

Pre-school education

6. Evaluation des modes de prise en charge des enfants d'âge préscolaire et proposition d'une politique générale en matière d'éducation et de protection de la prime enfance à Madagascar, May 1988.

Structural adjustment

7. Evolution économique et groupes vulnérables à Madagascar : vers un programme d'action pour un ajustement à visage humain, September 1987.

Social mobilization

8. Etude pour un programme national de mobilisation sociale en appui du programme national de réhydratation par voie orale et du PEV à Madagascar, August 1987.

Community development

9. Education des expériences existantes du pays sur l'organisation et la participation communautaire, January-March 1989.

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1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Mauritius

The Executive Director recommends that the Executive Board approve an amount of $1,500,000 from general resources, subject to the availability of funds, and an amount of $565,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Mauritius for the period 1990 to 1994.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Mauritius, located 1,200 miles off the coast of eastern Africa in the Indian Ocean, is comprised of three main islands. Of a total population of about 1,000,000, approximately 96 per cent live on the island of Mauritius, 3.6 per cent on Rodrigues and the remainder on Agalega. About 42 per cent of the population live in urban areas.

2. Following a period of stagnation during 1979-1983, the economy has made a remarkable recovery through an export-led strategy. The debt service ratio peaked at 27 per cent in 1984/85 and declined thereafter to 10.1 per cent in 1987/88. Increasing export-oriented industries and tourism are domestic policy priorities for the Government. Despite such unfavourable factors as poor weather and a deterioration in its terms of trade, Mauritius has been able to reduce its budgetary and external account deficits, as well as its domestic inflation rate, through political stability and sound economic policies.

3. In 1988, women constituted slightly more than half of the 994,000 inhabitants of the island of Mauritius. Some 304,000 inhabitants were under the age of 15 years, with 30 per cent of these under five years old.

4. The Government provides free health services, including well-organized maternal and child health care, at regional, general and specialized hospitals, as well as at community health centres. Family planning, maternity and neo-natal and post-natal services are available to every woman and child, except on the island of Rodrigues, where the lack of health facilities and personnel results in a low level of health care. By the end of 1988, the following high levels of immunization coverage had been achieved: 87.5 per cent for anti-tuberculosis vaccine (BCG); 86.4 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT); 87.4 per cent for three doses of oral polio vaccine (OPV); and 73.2 per cent for measles. The coverage of pregnant women for tetanus toxoid was 65.3 per cent.

5. The infant mortality rate (IMR) declined from 45 per 1,000 live births in 1977 to 24 per 1,000 live births in 1988. IMR is highest in rural areas and in Port Louis, the capital. More than 70 per cent of infant deaths occur during the first few weeks of life, 41 per cent of these due to hypoxia, birth asphyxia, slow foetal growth, foetal malnutrition and immaturity, which the health facilities are not equipped to handle. The under-five mortality rate is estimated at 30 per 1,000 live births with the main causes of death being infectious and parasitic diseases and insecurity in and around the home.

6. According to a 1985 nutrition survey, the pattern of growth faltering begins at the age of four to five months. The incidence of wasting was 11 per cent below six months of age and 20 per cent thereafter. The survey also recorded the incidence of diarrhoea at 4 per cent, with peak incidence during weaning. Infants were breastfed for an average of 5.7 months, and commercial weaning foods were introduced to 66 per cent of infants before the age of four months.

7. Free education is provided at all levels except the pre-primary level, which is provided on a fee-paying basis to children under five years old. The primary enrolment ratio is 98 per cent for both boys and girls. Secondary enrolment ratios are 54 per cent for boys and 48 per cent for girls. The educational system in Mauritius is well developed but inefficient, as reflected by the fairly high failure rates. The adult literacy rate is estimated at 75 per cent.

8. Women play an important role in the labour market, especially in the Export Processing Zone (EPZ), which accounts for much of the economic success of the country. Women account for 35 per cent of the labour force, with female labour participation increasing from 28 per cent in 1983 to 46 per cent in 1987. Created in 1982, the Ministry for Women's Rights and Family Welfare established two women's centres to teach women about their legal rights and to help them participate in the development of the country. There are 400 women's organizations, with a total membership of about 20,000.

9. Economic growth has had far-reaching social implications. Although the influx of women into the labour market has increased family incomes, it has also resulted in greater instability within families. There is a higher incidence of broken families and juvenile delinquency. Dietary habits have changed, resulting in a low level of nutrition. A study undertaken by the University of Mauritius revealed that 32 per cent of women suffered from anaemia. The quality of child care, previously ensured by traditional family structures, has deteriorated considerably, and the incidence of child neglect and abuse is rising. In short, the successful economic development strategy of Mauritius has brought both welcome and unwelcome changes.

10. The island of Rodrigues differs markedly from the island of Mauritius. The population is relatively young, with 58 per cent under 25 years of age. The crude birth rate is 24 per 1,000 population, and the fertility rate is 5. Morbidity rates are twice as high as those on the island of Mauritius. IMR was 34 per 1,000 live births. Some 50 per cent of the population have piped water, with the rest consuming water from the rivers, wells and springs. Only 45 per cent of children between three and five years old attend pre-schools, because of a lack of means and parental awareness of the importance of a pre-school education. Adult literacy is only 30 per cent, much lower than on the island of Mauritius.

11. It is important to note that Rodrigues has a basic needs problem, which the central Government has recognized and to which it is responding. Its poverty is caused by a lack of resources, and its distance from Mauritius (600 kilometres) has led to neglect in certain areas. Health facilities are not readily accessible because of the difficult terrain and the lack of good roads and transportation. Health-related factors contributing to its relatively high IMR include diarrhoeal diseases, scabies, intestinal parasitic infections, upper respiratory infections, the lack of potable water and latrines and a lack of knowledge of simple, preventive health measures on the part of mothers.

PROGRAMME CO-OPERATION, 1986-1990

12. The major objectives of the child survival and development (CSD) programme were to lower IMR from 26.5 to 20 per 1,000 live births on Mauritius and from 55 to 40 per 1,000 live births on Rodrigues by 1990. Based on an intensive education campaign, the project was comprised of an integrated programme in Rodrigues, primary health care (PHC), women in development, children with special needs, social mobilization and monitoring and evaluation.

Integrated programme for child survival and development services on Rodrigues

13. The programme focused on education and covered mobilization for universal child immunization by 1990, oral rehydration therapy, growth monitoring, environmental health related to water and sanitation, agriculture and nutrition (home gardening for women), female literacy and sensitization to the importance of pre-school education. The educational dimension of the programme was primarily the responsibility of 48 community health workers (CHWs) trained with UNICEF assistance. Their efforts resulted in a 12 per cent increase in immunization coverage and a decrease in the incidence of diarrhoeal diseases.

14. The supply of safe water and improved sanitation was the strongest aspect of the programme. Some 1,000 household latrines were completed, 375 families received water tanks for rainwater harvesting and three springs were protected. UNICEF assisted in establishing the pre-school education programme. The women's programme remains the weakest link in the integrated approach as women's centres equipped by UNICEF are functioning below expectation. However, two areas are progressing well: home gardening and literacy. The first has allowed 75 women to grow fresh vegetables for their families and to barter the excess for fish and other food commodities, but there has been little commercialization of this surplus, indicating a need for training in marketing techniques. Launched with French technical assistance, functional literacy courses benefited some 150 women in 1989.

Primary health care

15. The objective of the project was to strengthen PHC services either through the provision of equipment, materials and training or by informing the population about PHC services and the need to use them. The number of PHC centres increased from 155 in 1986 to 180 in 1989, and the personnel servicing the centres received training in their respective areas of activity.

16. UNICEF supplied BCG, OPV, DPT and measles vaccines, as well as transport for the immunization programme.

17. Other measures initiated within the context of the CSD programme included the increase in maternity leave from 60 to 90 days for up to three pregnancies and the promotion of breast-feeding in collaboration with the Mauritius Action for the Promotion of Breast-feeding and Infant Nutrition, non-governmental organizations (NGOs) and the Mauritius College of the Air, which achieved satisfactory progress. The programme established a standard for the trading of feeding bottles as an alternative to mother's milk. Two nutrition surveys for Mauritius and Rodrigues

were undertaken, and a youth life-style survey was completed in September 1989. A series of workshops for staff at all levels of the health sector were organized to reorient staff to PHC concepts, and UNICEF was instrumental in providing technical support. A programme was established for the screening of pre-school children in some 60 schools.

Women in development

18. UNICEF assistance to the development of women aimed (a) to promote functional literacy; (b) to improve nutritional status; (c) to strengthen institutional framework to encourage them to meet and interact among themselves; and (d) to promote breast-feeding. A baseline survey of 450 women's associations was carried out to determine the priority needs of women.

19. UNICEF assisted in the establishment of model pre-primary classes for the five women's centres. Demonstration sessions on the handling of equipment and tools were organized regularly at the centres to enable women to improve the quality of child care and development.

20. With UNICEF assistance, female literacy centres became operational, with two half-day sessions organized every week for 30 women at each centre. Some 450 women, mainly from rural areas, benefited from the project. The training of trainers was also undertaken. On Rodrigues, five centres benefiting 100 women were established, but they were hindered by the lack of literacy materials.

Support services for children with special needs

21. The project aimed to identify pre-school children with special needs and to design an early identification and intervention programme for remedial action. Appropriate screening tools were developed and a basic screening exercise in pre-primary schools was undertaken. In addition, seven regional educators/co-ordinators of pre-school teachers and social workers were trained in the use of the abacus, a screening tool, in collaboration with NGOs.

22. The Pre-Primary Unit of the Ministry of Education, Arts and Culture is responsible for pre-primary education within the CSD project. UNICEF provided for the training of teachers and supplied equipment and materials that emphasized child welfare issues. Eight training centres for pre-school teachers were established, with an enrolment capacity of 200 trainees per year. Some 1,000 pre-school teachers were trained with UNICEF support. French technical assistance also contributed to the programme, and a regional colloquium on the pre-school and the community was organized.

Social mobilization

23. The project aimed to mobilize the population to understand the basic issues related to CSD and to participate in the programme. UNICEF provided audio-visual equipment to the Mauritius College of the Air in order to strengthen its capacity to produce mobilization material and to provide the communications component essential to the programme. Manuals and other educational materials were produced

and provided an effective means of diffusing messages on health and water issues. A series of seminars and workshops were organized on Rodrigues for CHWs, who serve as volunteers for education campaigns.

Monitoring and evaluation

24. The monitoring of programme activities has been carried out regularly through field visits and routine project reporting. Both internal and external evaluations have been carried out as elements of project implementation. A quarterly joint programme review and a mid-term review led to corrective actions by both UNICEF and the Government. Although data on social development are inadequate, this deficiency has been addressed through sample surveys with the assistance of the Ministry of Economic Planning and Development.

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1994

Recommended general resources: $1,500,000
Supplementary funds: $ 565,000

Recommended programme co-operation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Rodrigues area-based programme	751	350	1 101
Health	204	-	204
Support services for working women and child protection	316	100	416
Nutrition	75	100	175
Social statistics	30	-	30
Monitoring and evaluation	20	-	20
Planning and programme support	104	15	119
Total	1 500	565	2 065

a/ The breakdown for estimated yearly expenditures are given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

25. Consistent with the country's development objectives, the programme was developed within the framework of the national development plan, the priorities identified in the situation analysis of April 1989 and the accumulated experience of the Government and UNICEF CSD. The main focus of the programme will be on (a) newly emerging social problems affecting women and children in the new industrial environment and the influx of women, particularly mothers, into EPZ; and (b) disparities between Mauritius and Rodrigues.

26. UNICEF will co-operate with the Government of Mauritius in the following major areas: the area-based programme on Rodrigues; health; support services for working women and child protection; nutrition; social statistics; and monitoring and evaluation.

27. The primary objectives of the programme are threefold: (a) to maintain the declining trend in IMR by a reduction from 24 to 20 per 1,000 live births in Mauritius and from 34 to 25 per 1,000 live births on Rodrigues; (b) to improve the quality of life of women and children, especially in the light of the increased participation of women in the labour market, especially in the EPZ sector; and (c) to strengthen national capacity to produce social statistics that will reflect the quality of life and nutrition levels of the community in general and of the target group in particular.

28. The achievement of the proposed objectives calls for wide-ranging and extensive social mobilization and education campaigns. Mutually reinforcing support services that address the physical, emotional and intellectual needs of working women will be designed. Health and social services will be established in areas accessible to working women to enhance working women's ability to care for and educate their children.

29. A broad-based, education-oriented mobilization strategy on Rodrigues will focus on sustaining immunization coverage, providing safe water and sanitation and integrating women in development to further consolidate the achievements realized in the ongoing programme.

Rodrigues area-based programme

30. This programme will focus on (a) enhancing the declining trend in IMR; (b) reducing disparities between Rodrigues and the main island of Mauritius by improving the quality of family life of Rodriguans; and (c) fostering community participation in the development process.

31. To achieve those objectives, UNICEF will continue to promote the development, consolidation and expansion of community-based services, with special emphasis on health and nutrition, basic education, water and sanitation and women's development. Building on successful CSD activities already being implemented, the programme will support aggressive social mobilization at all levels.

32. Immunization services will be improved through the provision of additional nursing staff and adequate transport with a view to increasing immunization coverage from 75 to 90 per cent by 1994. Present levels of assistance will be

maintained for the training of CHWs, the provision of vaccines, vaccination services at fixed health centres and logistics support.

33. An island-wide education campaign on the causes and treatment of worm infection, diarrhoea, malnutrition and other health problems will be launched. Assistance will be provided for the supply of deworming agents and other drugs, the production of materials and technical assistance in the development of relevant messages. Because of the urgent need to ascertain the extent of malnutrition, an island-wide nutrition survey will be conducted to facilitate the development of a comprehensive action plan. Infant feeding practices, particularly weaning, together with measures to prevent a decline in breast-feeding, will be improved. The ongoing programme to provide gardens for the poorest families will be strengthened to increase the consumption of fresh vegetables and to increase revenue accruing from marketed surpluses. UNICEF will provide materials and training in appropriate farming techniques for some 150 families.

34. The programme is built around the central theme of education, and in order to achieve the desired impact, the programme will encourage both formal and non-formal education. Pre-primary enrolment will be increased from 45 to 90 per cent by 1994 through the construction, with community participation, of five unified schools and two resource centres. Training will be provided to pre-school teachers to upgrade their skills and improve curricula. Parent-teacher associations will serve as a forum to address CSD assistance. UNICEF will provide materials, equipment and financial support for training activities.

35. The literacy programme launched in November 1988 will be reinforced to increase the literacy rate from 30 to 75 per cent by 1994. Twenty centres (five per year) will be established to serve 3,000 women and an equal number of men. Relevant paedagogical tools and course manuals on basic health and social issues such as scabies, worm infestations, diarrhoea and gardening will also be developed. UNICEF will provide relevant teaching materials and will help to organize training workshops. Collaboration with the Centre de Formation de l'Océan Indien of la Réunion will be formalized. The problem of young school-leavers will be addressed by the establishment of five vocational training centres for 100 to 400 youths between the ages of 11 and 14. Training courses for skilled artisans and craftsmen will also be organized. Together with literacy materials, UNICEF will supply material and equipment in such areas as masonry, carpentry and tool production. UNICEF will provide funds for the renovation of buildings, training courses and the preparation of manuals and reading materials.

36. The encouraging results achieved in reducing diarrhoea and improving sanitation will be extended to cover a larger segment of the population. The objective is to ensure universal access to safe water throughout the island. The community will be mobilized and educated to provide it with a better understanding of water and sanitation-related health problems. Assistance will be provided for the construction of 1,000 latrine slabs and 1,000 water tanks; the production of information materials, posters and pamphlets; and educational sessions on hygiene, sanitation and the environment conducted by CHWs. In the context of a broader environmental protection project, improved cooking stoves for 60 per cent of the

families will ensure more efficient energy use. Technical assistance will be sought for studying the most appropriate technology, and a group of artisans will be trained to undertake the local construction of cooking stoves. UNICEF will provide appropriate technical assistance and funding for materials and training.

37. The project is built around a central information, education and communication (IEC) theme, with community participation as a unifying element. A review of existing institutions will be undertaken in order to provide the local community with a better opportunity to conceptualize and produce social mobilization tools. Experience indicates that the community does not respond to education and motivation campaigns. The project will aim to increase the capacity on the island to produce and disseminate IEC audio-visual materials. The existing audio-visual unit will be reinforced into an autonomous institution. Training workshops both in and outside Rodrigues will be arranged to improve technical skills. Social mobilization skills and the use of audio-visual materials will be improved through workshops for teachers, CHWs and religious leaders. Messages will be presented in a manner compatible with the Rodriguan locality.

38. In view of the importance of UNICEF support to Rodrigues and in order to maintain close supervision on implementation and ensure effective co-ordination, programme support will be reinforced. UNICEF will provide for support operations and the Rodrigues administration will arrange for office space and the technical support of participating sectoral departments.

Health

39. In 1989, the Government approved a health review, which recommended a decentralization of health services, stressing the preventive and promotive aspects, as well as a special focus on community participation. In line with government policies, the project aims to reduce perinatal and under-five mortality by strengthening health care services, stimulating community participation and establishing an appropriate mechanism for collaboration between the Government, the private sector and NGOs.

40. PHC services will be provided and promoted through the 44 community health centres, three regional health hospitals, district hospitals, women's centres and health clinics located in the industrial zones. The ongoing school medical programme, which has revealed a large number of conditions such as parasitic infestations, scabies and worms, anaemia and other nutritional deficiencies, will be reinforced. UNICEF will finance the training of CHWs and pre-primary teachers to ensure a more effective operation. School medical services will be further expanded to reach some 1,000 pre-schools, where screening facilities, deworming tablets, fluoride tablets, health care and oral rehydration salts will be provided.

41. EPZ is seriously lacking in health care facilities. But with the advent of the EPZ Welfare Fund, proposals have been made for the industries to cater to the health of their workers. Health facilities will be managed by the Government, the workers and the industries, with UNICEF providing the necessary equipment. Training courses will be organized for the staff, and special educational sessions on health-related problems, child care, breast-feeding and nutrition will be organized for female workers.

42. UNICEF will continue to provide vaccines and transport facilities to support the Ministry of Health in its efforts to integrate immunization programmes into the health delivery system. In addressing the problem of neonatal mortality, UNICEF will provide specialized equipment to health facilities that would otherwise be unable to care for children born at risk. The health programme will also aim to ensure that disabled children enjoy the same fundamental rights as their fellow citizens and to endeavour to make them as self-reliant as possible.

Support services for working women and child protection

43. Designed within the context of an extensive health, nutrition and child protection education strategy, the programme will focus on activities related to the problems of working women in EPZ, redundant women in the agricultural sector, female unemployment, female school-leavers, new entrants to the labour force and sex discrimination. Mutually reinforcing health and social support services will benefit more than 50 per cent of women in EPZ.

44. Two mobile health units, including one in the rural area, will be launched on a pilot basis. Services will include general medicine, occupational health, nutrition and family welfare. The Government will strengthen its advocacy role through the National Women's Council to encourage employers to release women to attend such services. The Ministry of Health and the EPZ Welfare Fund will provide the necessary medical personnel and recurrent expenses, while UNICEF will provide medical equipment and expendables. The Mauritius College of the Air will prepare health education messages for diffusion through the existing network of social centres, women's associations and the media to reinforce the health education programme of the Ministry of Health.

45. Child protection services will provide the legal framework for protecting children against abuse and neglect. Existing legislation will be reviewed and a centre for the victims of abuse, neglect and exploitation will be established. A major campaign to sensitize the community using posters, pamphlets and the media will also be undertaken. The project will include a child counselling service and the training of 20 counsellors annually. A sex discrimination study, currently being carried out, will form the basis of a plan of action for implementation during the programme period.

Nutrition

46. The Food Policy Unit of the Ministry of Agriculture will ensure the sustained availability of food to ensure a satisfactory nutritional and health status of the population, especially women and children. It will also develop an early warning system. The programme will support the formulation of a food policy and an expansion and consolidation of the nutrition surveillance system to improve the targeting and monitoring of interventions. Another nation-wide nutrition survey will be conducted. With emphasis on the nutritional status of the children of working mothers in EPZ, the information gap concerning weaning foods will be bridged as a first step in effectively improving weaning practices and growth monitoring. Timely advice designed to reverse growth faltering at the earliest stage will be reinforced through improvements in the growth monitoring chart.

Nutrition education will be improved through staff training, more active involvement of NGOs, especially the Mauritius Action for the Promotion of Breast-feeding and Infant Nutrition, and the provision of manuals and health education materials, especially in the fields of breast-feeding, weaning and maternal nutrition. UNICEF support will include technical assistance, staff training, surveys and the production of educational materials.

Social statistics

47. The principal objective of the project is to give social statistics the same importance as economic statistics in the integration of social dimensions in development planning. Capacity building within the Human Resources Division of the Ministry of Economic Planning and Development will be crucial for achieving this objective. The purchase of documents and books on the subject, consultancies and field visits to institutions and countries where work in this area is in progress will be supported by UNICEF.

Social mobilization

48. Social mobilization will form an integral part of the country programme. In recent years, the Mauritius College of the Air, the key national agency in this area, has played a leading role by preparing social mobilization programmes. The project will focus on training and mobilizing contributors, public opinion and all those whose assistance might be useful. Community participation will be encouraged through the diffusion of specially tailored messages and education programmes for women's groups and NGOs. The mass media will be encouraged to play a major role in advocating improved health, nutrition, child protection and development.

Monitoring and evaluation

49. The Monitoring and Evaluation Division of the Ministry of Economic Planning and Development will have overall responsibility for monitoring the UNICEF-assisted programme. An appropriate mechanism for this purpose will be developed, and the Ministry will hold regular meetings with relevant technical ministries to discuss programme implementation. The Monitoring and Evaluation Division will regularly monitor the programme, including field trips and analytical reviews, and will submit progress reports to UNICEF three times a year.

Co-operation with the United Nations and other agencies

50. The programme process involved continuous discussions with United Nations and bilateral agencies, which were effective in ensuring complementarity and avoiding duplication. UNICEF has co-operated with the United Nations Population Fund and the World Food Programme in the delivery of basic services to Rodrigues. The World Health Organization and UNICEF will monitor immunization coverage and nutrition policies and surveillance. The regular inter-agency co-ordination committee, under the aegis of the United Nations Development Programme Resident Co-ordinator, provides a solid basis for enhancing collaboration within the United Nations system.

MAURITIUS

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	29	(1988)	Low U5MR
Infant mortality rate	22	(1988)	Low IMR
GNP per capita	$1,490	(1987)	Lower-middle GNP
Total population	1 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	24	23	21	20
Infant deaths (under 1)	(thousands)	1	1	1	(.)
Under-five deaths	(thousands)	2	1	1	1
Under-five mortality rate (per 1,000 live births)		77	42	32	29
Infant mortality rate (under 1) (per 1,000 live births)		61	33	25	22

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1985)	Moderate & severe	..	24
	Severe	..	7
Babies with low birth weight (%, 1978/1985)		11	9*
Children completing primary level (% of first grade, 1986)		..	96

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1983)		.. /../..	79/55/40
Prevalence of wasting (%, 1985)		..	16a/
Prevalence of stunting (%, 1985)		..	22a/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		120	121
Food production per capita index (Index 1979-1981=100, 1980/1988)		87	99
Household expenditure (% of total income, 1980-1985)	All food/cereals	.. /..	20/ 4

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			4
Access to health services	Total	60*	100*
(% of population, 1980/1987)	Urban/rural	.. /..	100*/100*
Access to safe water	Total	95*	100
(% of population, 1980/1987)	Urban/rural	95*/95*	100 /100
Access to adequate sanitation	Total	94	99*
(% of population, 1980/1987)	Urban/rural	100 /90	100*/ 98*
Births attended by trained personnel (%, 1987)		..	85
Maternal mortality rate (per 100,000 live births, 1985)		..	100

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	87	79	87	88
	DPT	82	85	85	87
	Polio	82	85	85	87
	Measles	..	61	68	73
Pregnant women (%) immunized against	Tetanus	1	18	68	65

MAURITIUS

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	29	(1988)	Low U5MR
Infant mortality rate	22	(1988)	Low IMR
GNP per capita	$1,490	(1987)	Lower-middle GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	108/93	106/94
(%, 1980/1987)	Male	109/92	105/93
	Female	108/93	107/95
Secondary enrolment ratio (gross/net)	Total	48/..	51/41*
(%, 1980/1987)	Male	49/..	53/43*
	Female	47/..	50/40*
Adult literacy rate, 15 years & older	Total	68	83
(%, 1970/1985)	Male/female	77/59	89/77
Radio/television sets			
(per 1,000 population, 1980/1987)		210/87	263/188

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	0.8	1.0	1.0	1.1	1.2
Population aged 0-15 years	(millions)	..	(.)	(.)	(.)	(.)
Population aged 0-4 years	(millions)	..	(.)	(.)	(.)	(.)
Urban population (% of total)		42	43	42	42	46
Life expectancy at births (years)	Total	62	66	68	69	72
	Male/female	61/64	63/68	65/70	67/72	70/74
Total fertility rate		3.8	2.7	2.2	1.9	1.9
Crude birth rate (per 1,000 population)		29	25	20	18	17
Crude death rate (per 1,000 population)		7	6	6	5	6

		About 1980	Most recent
Contraceptive prevalence rate		..	75
(%, 1985)			
Population annual growth rate	Total	1.6	1.5
(%, 1965-1980/1980-1988)	Urban	4.0	1.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		3.7	4.4
(%, 1965-1980/1980-1987)			
Inflation rate (%, 1965-1980/1980-1987)		11	8
Population in absolute poverty	Urban/rural	12 /12	.. /..
(%, 1979)			
Household income share	Top 20%/bottom 40%	50*/14*	46*/12*
(%, 1980/1987)			
Government expenditure	Health/education	7 /17	8 /12
(% of total expenditure, 1980/1987)	Defence	1	1
Household expenditure	Health/education	.. /..	13 / 5
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	33	65
(1980/1987)	As % of GNP	3	4
Debt service			
(% of goods & services exports, 1980/1987)		6	6

a/ Aged 0-59 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1986-1989

(Thousands of United States dollars)

COUNTRY: MAURITIUS
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $994,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	219	39	33	5			5	5	257	48	305
Water supply and sanitation	19						21		40		40
Nutrition	31		1				4	1	35	1	37
Education	29		8				42		79		79
Community organization and development	4						2		6		6
Young child development	18		14				10		42		42
Women-centred programme	20		2				18		40		40
Emergency	10								10		10
Planning and project support	83		5		12		51		152		152
Freight	63	1							63	1	64
GRAND TOTAL	496	40	63	5	12		152	6	724	50	775

GR = General resources.
SF = Supplementary funding.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

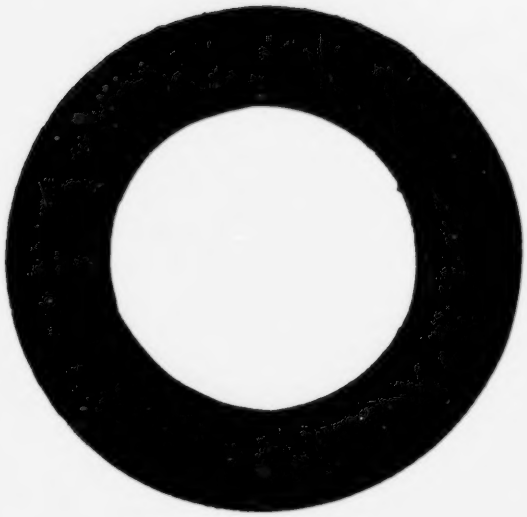
Country: MAURITIUS Period covered: 1990-1994	Funding status	1990	1991	1992	1993	1994	Total
Health	GR	50	47	47	35	25	204
Nutrition	GR	15	15	15	15	15	75
	NSF	20	20	20	20	20	100
Community organization and development	GR	10	5	5	5	5	30
Area-based programme, Rodrigues	GR	130	141	150	162	168	751
	NSF	70	70	70	70	70	350
Women-centred programme	GR	70	70	60	56	60	316
	NSF	20	20	20	20	20	100
Advocacy	GR	5	2	3	5	5	20
Planning and project support	GR	20	20	20	22	22	104
	NSF	5	5	5			15
TOTAL	GR	300	300	300	300	300	1500
	NSF	115	115	115	110	110	565
GRAND TOTAL		415	415	415	410	410	2065

GR = General resources.
NSF = New supplementary funding.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: MAURITIUS	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts		
Local national Professional and General Service established posts	3	58
Operating costs		a/
Total	3	58
FINANCED FROM PROGRAMME FUNDS: b/		
International Professional project posts		
General resources		
Supplementary funds		
Local national Professional and General Service project posts		
General resources	3	40
Supplementary funds		
Total	3	40

a/ Included in Madagascar Area Office budget.
b/ For information source, see 1990 post authorization table, revised October 1989.



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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Mozambique

The Executive Director recommends that the Executive Board approve an amount of $27,900,000 from general resources, subject to the availability of funds, and an amount of $98,055,000 in supplementary funds, subject to the availability of specific purpose contributions, for the country programme of Mozambique for the period 1990-1995.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. The major problems confronting women and children in Mozambique today are extremely high infant mortality rates (IMR), widespread malnutrition and related illnesses, a high incidence of neonatal and maternal mortality and a chronic lack of food security for the large majority of families.

2. According to a 1989 Ministry of Health/UNICEF/World Health Organization (WHO) estimate, 200 out of every 1,000 children die before reaching one year of age, with the highest number of deaths occurring in the first few weeks of life. Diseases such as diarrhoea, acute respiratory infections, malaria and measles are major killers, exacerbated by severe malnutrition, with rates as high as 58 per cent of children under five years of age in some areas. Recent surveys show that this situation is worsening in spite of, or perhaps because of, recent changes in economic policy. The proportion of low-birth-weight babies in some places is as high as 20 per cent. While the official estimate of maternal mortality is considered relatively low (260 to 300 per 100,000 live births), it is considered a priority problem in the situation analysis. The majority of these deaths are attributable to infections and other conditions that could be easily avoided or controlled with adequate pre- and post-natal care.

3. At the household level, some 6 million people, out of a total population of 14.9 million, are affected by serious food shortages. The majority of households in both rural and urban areas can be considered vulnerable in the sense that their income or food production base is extremely precarious or totally inadequate to meet the needs of growing families. Among these are 1.1 million people who have been forced to abandon their homes and flee to safer areas and towns (deslocados), and 2.2 million who have stayed, but whose livelihoods are seriously threatened (afectados). Another 2.7 million of the urban population are virtually dependent on imported food supplies due to the collapse of marketed domestic food production. Families with high dependency ratios and households headed by women are especially vulnerable under these circumstances, where social support networks and survival strategies have either collapsed or function ineffectively. Quite apart from the already known problems and disadvantages of Mozambican women, such as excessive work-load, low level of education and poor health and nutrition status, they are perhaps the group most affected by the profound economic and social crisis affecting the country.

4. The situation analysis of children and women, prepared in 1988-1989 as a joint Government/UNICEF venture, identifies a series of underlying or more immediate causes of these problems: lack of food security at the household level; lack of access to basic services, both preventive and curative; and weak or inappropriate child-care practices. Behind these lie other, more structural factors, or basic causes: the prevailing pattern of underdevelopment inherited at independence in 1975; the occurrence of a series of severe droughts and other natural disasters through the 1980s; and the destabilization and devastation wrought by the war waged by externally backed insurgents, especially since 1981.

5. As well as being responsible for the severity of the problems identified above, all of these factors determine the ability of individual households and the Government of Mozambique to respond adequately to them. It is clear throughout the

situation analysis, however, that the one basic factor behind maternal and child health (MCH) problems is the war of destabilization. Apart from its direct effects of violence and aggression, the war has undermined the survival strategies that rural populations have traditionally relied upon to cope with adverse climatic conditions. The security situation is thus directly linked to the loss of life and massive population shifts provoked by the severe droughts of the mid-1980s. The demographic changes have put an enormous strain on the infrastructure and services in the urban areas, around which these people settle, and the country has been forced to rely upon international assistance to survive the crisis.

6. It has been independently estimated that some 200,000 civilian deaths have resulted from insurgent atrocities over the last two years alone. The total number of deaths directly or indirectly attributable to the war of destabilization now stands at around 900,000. In addition, 200,000 to 300,000 children have been orphaned or abandoned, often with consequent traumatization and war-inflicted disfigurement. Trauma has manifested itself in many ways, most seriously in impaired learning and difficulties in adaptation. The war has basically destroyed the effectiveness of the health and educational systems in rural areas. While the Government has continued to build health centres despite the war (some 296 have been built since 1982), the health delivery system has been largely reduced, as some 274 health centres have been destroyed and 548 closed since 1982, while many more function below capacity. A similar case exists in education. About 2,655 primary schools have been destroyed or closed, representing 45 per cent of the total and affecting approximately 500,000 primary schoolchildren and 10,000 teachers. Today, only 50 per cent of all school-age children are enrolled in primary school, while drop-out and repetition rates remain high, at 21 and 26 per cent respectively, suggesting a high wastage in education.

7. After independence in 1975, the Government initiated a dynamic social and economic programme. While significant advances were made, notably in national production, which rose by over 11 per cent from 1975 to 1981, and in health and education services, the human, financial and material inputs needed to sustain those achievements were simply either unavailable or insufficient. In 1983, the Government was forced to review its economic policies by placing more emphasis on macro-economic recovery and decentralization, while maintaining price controls and subsidies on basic foods and nationalized health and education programmes. Effective implementation was impossible, however, with the intensification of the war of destabilization and the onset of devastating droughts. In 1987, the Government initiated a complete economic rehabilitation programme with World Bank and International Monetary Fund support. The economic rehabilitation programme has reversed the economic decline of the mid-1980s, with overall annual growth rates now at around 4-5 per cent. Nevertheless, the economic situation remains critical.

8. Obviously, the war is the major cause of this bleak picture. The hope is for peace, but in either scenario the situation of children and women in Mozambique will remain problematic, at least in the medium term. Even with peace, the situation will worsen as displaced people return from neighbouring countries and urban centres.

PROGRAMME CO-OPERATION, 1985-1989

9. With a commitment of only $13,370,000 from general resources for the country programme of co-operation for 1985-1989, UNICEF, if it was to maintain programme relevance and effectiveness, had to exert its best efforts to raise additional resources to respond to the crisis brought about by the war of destabilization and natural calamities. The programme increased from $5,106,000 in 1984 to $20.8 million in 1988, with a significant proportion from emergency assistance and donations-in-kind. The programme was characterized by efforts to address the country's chronic emergency situation through a combination of life-saving and, more important, long-term capacity-building measures in key areas of child survival and development (CSD).

Programme for war and drought-affected population

10. UNICEF provided short-term relief and survival assistance, including seeds and tools to promote family food production, to about 560,000 emergency-affected people, mainly in Manica and Zambezia provinces but also in Tete, Inhambane, Maputo and Niassa. Close to $1 million worth of seeds, tools and basic relief items and reconstruction materials were provided during that period. A similar amount in life-saving drugs was provided with funding by the Government of the United States of America. Efforts to increase the logistical capacity of the Department of Prevention and Control of Natural Calamities of the Ministry of Health, including funds for airlifting and fuel, were important inputs to the successful relief operation.

11. At the same time UNICEF, along with the Government and other donors, supported a longer-term approach to the emergency because of its chronic and recurrent nature. In addition to supporting improved planning and managerial capacities of the units responsible for emergency programmes at the central, provincial and district levels, UNICEF included emergency aspects in each sector of its regular assistance. The rehabilitation of primary health care (PHC) facilities, for example, gained impetus from initial UNICEF emergency assistance covering three provinces. The external emergency evaluation, completed in 1988, considered UNICEF activities as having been particularly effective in the re-establishment of household food security in the areas of the country affected by the emergency.

Household food security

12. Using both emergency and general resources, UNICEF assisted in integrated rural development projects to support the rehabilitation and improvement of family food production among displaced and drought-affected families, as well as in areas not as severely affected by war through the provision of seeds, tools, credit and equipment for income-generating activities. These projects have been implemented in Massinga district in Inhambane Province, Changara in Tete Province, Espungabera and Manica districts in Manica Province and in the "green zones" of Beira and Maputo cities.

13. The emergency evaluation, the mid-term review of the WHO/UNICEF joint nutrition support programme (JNSP) and the external evaluation of the Massinga project have all decisively concluded that those efforts have been successful,

although to varying degrees, in achieving certain levels of household food security, the provision of basic services and local, institutional and community empowerment. The evaluation by the German Agency for Technical Co-operation, in particular, concluded that the Massinga project had, in terms of the above objectives, accomplished during wartime what few could have done under normal conditions. The emergency evaluation in 1988, reviewing the Espungabera, Changara and Massinga projects, expressed some concern over the dependency created in Espungabera, while noting the measurable progress made in food production in all three areas. It considered the Changara and Massinga projects to be national examples, as they illustrated the importance of what limited external inputs could achieve regarding sustainability, when focused on capacity-building, community participation and selective capital investment for agricultural production.

14. The JNSP mid-term review concluded that favourable results had been achieved in the Maputo "green zones", particularly with respect to food production, but noted the need for agricultural intervention to be better targeted in order to provide maximum benefits to families with malnourished children or those affected by food insecurity.

15. The principal contribution of these area-based development projects, most specifically the integrated rural development programme at Massinga, has been to generate national confidence that, in spite of the war, significant social and economic development can take place if it is well planned, monitored and decentralized. The Government has expressed its confidence in this approach by adopting 42 priority districts to serve as pilot projects in 1990, leading to the development of a national programme over the next six years.

Health and nutrition

16. Despite the war and the economic crisis, universal child immunization (UCI) was achieved in Maputo City at an early stage, with a coverage rate in 1988-1989 of over 90 per cent for all antigens, again reflecting the will and determination of the Government to protect its children. This achievement was inspired by the pulse immunization programme in Inhambane Province in 1985, where overall coverage rates increased from 48 to 68 per cent in one year. The programme was designed jointly by the Government, UNICEF and the Save the Children Fund (SCF) to overcome the problems of insecurity and inaccessibility in a country at war. In both Inhambane and Maputo, coverage rates have been maintained, and in the latter were even improved. The confidence now found in the Ministry of Health has led to the decision to replicate UCI in all provincial capitals over the next five years. UNICEF, together with the Government of Italy, supported practically the entire vaccine requirement of the country, the cold chain and, more important, the required training and mobilization activities. The mobilization activities were a broad-based action led by the Ministry of Health and the Frente de Libertaçao de Moçambique (Frelimo) Party, including the mass democratic organizations of women and youth, the Red Cross, the churches and other non-governmental organizations (NGOs).

17. Together with Swedish international development assistance and support from the Government of Italy, UNICEF has assisted the Government in extending the essential drugs programme throughout the country, ensuring the availability of

drugs in all 210 health units. Altogether some 40,201 drug kits have been supplied, achieving some improvement in overall management and capacity-building through training and technical assistance. Equally important is the integration, still in its early stages, of the MCH, nutrition and expanded programme on immunization activities into a single programme. With assistance from the United Nations Population Fund (UNFPA) and UNICEF, a national team has been organized to achieve this objective.

18. With UNICEF support, a national nutrition surveillance system has been put into operation. In 1989, the system made over 800,000 assessments of child growth in Mozambique. It will require improvement in quality, but the surveillance data generated has made its utility unquestionable. Local capacity for the management of the nutrition sector in the Ministry of Health now exists. Various workers, including the current nutrition section chief, have been trained in nutrition planning and management and in rapid appraisal for nutrition and household surveys, which are particularly important in monitoring the impact of the economic rehabilitation programme. UNICEF supported the first survey of urban household expenditure and income in Tete and Maputo cities. The survey provided the Government and major donors, particularly the World Bank, with data about the economic behaviour of urban Mozambique. It also demonstrated for the first time the extent and prevalence of malnutrition among the urban poor, thus promoting major changes in government policy on food prices, food subsidies and donor food assistance. With UNICEF support, a major report on poverty in Mozambique was published in English and Portuguese. That document has provided the Government with important data and strategies for tackling poverty issues in the country.

Education and children in especially difficult circumstances

19. During the programme period, a major shift in the education sector was made with the adoption of a broad-based strategy for the rehabilitation of child victims of war by integrating them into the regular education system. With the assistance of a Brazilian research institute, Heloisa Marinho, a group of national-level master trainers was established in 1988. In turn, these master trainers have trained provincial teams in the pedagogy of integration. By 1989, 1,700 out of 10,000 teachers had been trained; this means that about 100,000 children have benefited from the services of these newly trained teachers over the past two years.

20. The plan of operations had also identified an innovative project to search for an educational system that could meet the challenge of national reconstruction in a time of war. This initiative, called the community-school linkage project, started in a locality in Gaza Province and has resulted in the construction of five schools, the rehabilitation of the teacher-training centre that services the entire province and a maternity health post. Community satisfaction with joint collaboration has manifested itself in a change of popular attitudes from dependency and apathy to active participation. Most important, children have responded with less absenteeism and higher retention as parents have ensured their children's participation. This has resulted in an improvement in the completion rate from 50 to 68 per cent after two years of implementation. These two examples, among others, have provided the Government with the types of experiences that will assist in the long-term reform of primary education.

21. From the provision of kits to foster families to reuniting lost children with their families, the National Department for Social Action and UNICEF have developed a sustainable strategy that focuses on community-based approaches to assist the estimated 500,000 children in difficult circumstances, including some 200,000 to 300,000 orphaned, abandoned and street children. Notable accomplishments have included the 144 community-organized escolinhas (pre-schools) serving the needs of 15,500 pre-schoolchildren. Another 10,000 children are being reached tnrough a network of child-care institutions. UNICEF, with technical assistance from Heloisa Marinho, has also supported capacity-building within the National Department from central management down to provincial structures.

Water supply and sanitation

22. Significant progress was made in rural water supply coverage, particularly in the context of war. During the period, approximately 500,000 rural people have been provided with access to potable water supply through dug and drilled wells, resulting in a doubling of coverage from 8 to 16 per cent between 1981 and 1988. This increased coverage was brought about by the construction and repair of some 737 water schemes, including dug wells, tube-wells and shallow wells, which was supported by the Canadian International Development Agency, the Swedish International Development Agency, the Government of Switzerland and various UNICEF National Committees throughout Europe. However, rural sanitation has not made much progress since 1980, partly because of the low priority accorded to it, as well as the effects of war on human settlements, the price increases of construction materials and a decline in government budget. Accordingly, the current coverage of rural households with traditional and improved latrines may not exceed 20 per cent, as compared to 40 per cent in 1980.

23. Through projects for strengthening the capacity of central management and supporting the water training school, the rural water supply programme has been strengthened through the training of about 210 elementary technicians, 3,060 basic technicians and 470 middle-level technicians. While this is clearly insufficient for Mozambique's needs, the above trained manpower has been the crucial factor in doubling coverage during the period. Finally, the Government has now accepted the concept that water, sanitation and hygiene education are critical ingredients for improving PHC.

Social communications and information

24. The creation of the Institute of Social Communications (ICS) in 1989 has been the most significant and direct outcome of the co-operation between the Ministry of Information and UNICEF since 1977. Started on an experimental basis with activities focused mainly on children and women in three communal villages, the project has evolved into a multi-media institution, currently covering seven provinces and providing important support with a clear development focus to the nascent mass media industry in the country.

25. ICS lent extensive support to the UCI programme in Maputo, along with and through the Frelimo Party, for the development of radio and print materials. More important, the project has also contributed to strengthening national capacity to produce communication materials, training and mobilization. Over the past five

years, some 1,800 radio programmes were produced; about 24,000 hours of local broadcast programmes were provided through social communication centres; and 200 programmes were produced and broadcast by the television programme "Canal zero". Fifty editions, involving 500,000 copies of the newspaper O Campo, were distributed, but of greatest importance is the fact that social mobilization sessions in rural areas reached some 1,250,000 rural inhabitants through mobile units.

26. Throughout the period, Mozambique maintained international visibility and credibility, which were crucial for ensuring external support for its national development programme. UNICEF supported government efforts through a continuing analysis and dissemination of material, and focused on the effects of destabilization on children and women. The publication Children on the front line, along with its Portuguese language and film versions, is an example of this mobilization effort.

Women in development

27. While efforts were made to address women's concerns in mainstream programmes, especially those relating to household food security, progress in highlighting the special needs of women in health, income generation and participation has continued to be meagre. The Mozambican Women's Organization has made little progress in improving its capacity to plan, and less so, to implement women-focused programmes within other sectors. An important success has been women's roles in the co-operatives in the "green zones" of Maputo and Beira, whose membership is 95 per cent women farmers (many of them heads of households) and whose management is entirely female. In the new country programme, all government sectors have included specific strategies to address women's concerns.

Monitoring and evaluation

28. The monitoring of programme activities has been carried out on a regular basis through field visits by government and UNICEF personnel, routine reporting from projects and periodic joint reviews. In addition, a computerized system to monitor the physical and financial implementation of projects has been developed and applied. The system produces detailed quantitative information on each project on a regular basis.

29. In addition to the evaluations mentioned above, other significant evaluations undertaken have included a joint evaluation of the CSD/UCI programme undertaken in 1987 by the United Nations Development Programme (UNDP), WHO, SCF and UNICEF; the joint UNICEF/WHO/Ministry of Health review of the essential drugs programme; and the poverty assessment study prepared at the request of the Government to review the economic rehabilitation programme and its impact on the poor. A total of 91 different evaluations and related studies were completed between 1985 and 1989, serving the needs of the annual programme reviews and overall monitoring of the programme, and more recently for the preparation of the situation analysis and new country programme. Similarly, an annual joint programme review and mid-term review have been important evaluation tools leading to corrective actions by both the Government and UNICEF.

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1995

Recommended general resources: $27,900,000

Supplementary funds: $98,055,000

Recommended programme co-operation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Primary health care	5 021	53 332	58 353
Food and nutrition	970	2 490	3 460
Area-based programme for rural development and household food security	3 568	3 931	7 499
Information and social communications	3 264	-	3 264
Children in difficult circumstances	1 875	3 000	4 875
Education	3 350	1 500	4 850
Women and development	1 770	1 220	2 990
Emergency	1 280	18 966	20 246
Water and sanitation	3 692	11 606	15 298
Social action	1 280	2 010	3 290
Programme monitoring	1 830	-	1 830
Total	27 900	98 055	125 955

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

Programme preparation

30. The country programme was prepared jointly by the Government and UNICEF, with the participation of all concerned ministries and agencies and under the co-ordination of the Ministry of Co-operation. The initial discussions for the 1990-1995 programme of co-operation began with the evaluation of the emergency programme in April 1988. In March 1988, work commenced on the situation analysis with the formation of technical working groups by the Ministry of Co-operation, involving the participation of the implementing ministries and university researchers. Their work was presented in October 1988 in an intersectoral workshop attended by all ministries and institutes concerned. A second review of the situation analysis was begun at a workshop in March 1989 coinciding with the review of future programme strategies. The two-day intersectoral workshop provided policy approval for the ideas presented by the technical working groups. A preview meeting was held in July 1989 in which the initial drafts of the master plan of operations, the plan of operations and project plans were discussed. The programme documents were revised on the basis of that discussion.

Programme strategy

31. The programme combines complementary strategies that include short-term relief; medium-term rehabilitation and stabilization of family incomes and basic services; and long-term development of institutional capacity to promote CSD. The programme will emphasize medium- to long-term actions aimed at improving the use of and access to basic services, while retaining a small but significant relief element focused geographically and on specific vulnerable groups.

32. The programme will consist of impact projects directed at specific rural and urban districts, as well as national programmes. The area-based approaches are a direct response to the country's need to develop mechanisms for micro-level development, while strengthening both national institutions and community participation and defining national policies for rural development. The programme follows a geographical concentration geared to the provinces most affected by war and the provinces with which UNICEF has already existing investments. These will include Manica, Zambezia and Inhambane, while a limited presence will be maintained in Sofala, Gaza, Tete, Maputo, Cabo Delgado and Niassa. The population to be served will include those most affected by the war, those with the highest IMR, female-headed households; and families with no access to basic services.

33. Programmes initiated nationally will be those that have the most direct and cost-effective impact on child survival, such as UCI, MCH, essential drugs and basic education. The emphasis in these interventions will be on strengthening planning and management, integration (when required) and increased support for communications and mobilization to strengthen beneficiary participation.

34. As a whole, the country programme is a multisectoral package designed to respond to the holistic needs of children. Integral to the country programme is a capacity-building component, present in every project, as a recognition of the principal constraint faced by the country. In addition, it includes various activities aimed at improving the information base on children at the national and sub-national levels.

Primary health care and nutrition

35. The programme aims to reduce IMR to 140 per 1,000 live births by 1995, the under-five mortality rate to 200 per 1,000 live births and the maternal mortality rate by 65 per cent by 1995 from its estimated 1989 rate of 280 per 100,000 live births. In addition, it aims to improve knowledge, attitude and practice (KAP) related to child care. The health programme will strengthen service delivery of national priority programmes, particularly those addressing the most important causes of mortality and morbidity of children.

36. With confidence gained over the past two years, a bolder EPI coverage - 80 per cent in all provincial capitals - is envisioned in the next five years. Increased emphasis on integrated MCH delivery is also foreseen. The integrated training developed earlier will be applied nationally, and provisions for retraining will be included to ensure effectiveness. National coverage of essential drugs will also be maintained. Overall planning and management will be improved, including more systematic monitoring of warehouses. The Bamako Initiative will be tested in one area-based programme. The goal of this pilot project is to demonstrate sustainability in the essential drugs programme; what is more important, it will assist in better defining the PHC system for Mozambique by linking the community health worker, traditional birth attendants (TBAs) and healers to the government health units in order to provide improved services. The nutrition programme will continue the main thrusts started in the last programme, including nutrition surveillance and growth monitoring. It will also interact strongly with the applied interventions in the area-based programme to ensure that its nutritional concerns and objectives are met, as well as to ensure that nutritional considerations are included in overall poverty planning in Mozambique within the context of the economic rehabilitation programme.

37. The Ministry of Health will strengthen its collaboration with ICS in software development, combining research, training, production and mobilization to achieve the goals of the sector. The participation of beneficiaries, service providers, national leaders and democratic mass organizations will be a key objective. Facts for Life will be extensively used in social mobilization activities for various groups, especially mothers.

38. Integrated MCH training developed in 1989 will be expanded to cover all staff of the 210 health centres along with district and provincial supervisory teams. Similarly, the training of TBAs and 2,500 village-level health workers will be undertaken. The programme aims to increase antenatal care from 42 per cent in 1989 to 60 per cent by 1995; and post-natal consultation in 70 per cent of hospital deliveries and 30 per cent of home deliveries, with an emphasis on women at high risk. The programme will train 60 per cent of all teachers in disease identification in schools. Addressing acquired immunodeficiency syndrome (AIDS), the programme will equip 37 maternity hospitals, which cover 31 per cent of all institutional deliveries, and train staff to ensure sterilization and aseptic procedures. Malaria control will be improved through the distribution of anti-malarial drugs, but also through the training of health staff in laboratory diagnosis techniques and the provision of mosquito nets in endemic areas.

39. Continued support will be provided to the Ministry of Health to improve its emergency planning and implementation capacity in an effort to ensure that the 210 health centres are prepared to cope with the demands of a population in an emergency situation. Improvements are being sought in the current system of epidemiological surveillance as a means of better planning and programme management, both in emergency and non-emergency situations.

40. Technical support will be continued in order to improve logistical operations of the Ministry of Health. The services provided by the transport and maintenance organization project will be continued and further improved in order to provide national coverage.

41. UNICEF will work primarily with WHO and UNFPA in the MCH programme and with WHO and UNDP in the malaria control programme.

Area-based programme for rural development and household food security

42. The area-based programme for rural development and household food security includes integrated and multisectoral projects in eight districts. In addition to policy development relating to household food security, rural development and strengthening of institutional capacity for planning and implementation at all levels, interaction between policy development and field experience will be maximized. The projects include the development of a rural planning framework at the National Department for Rural Development; the development of food policy research capacity; household food security and nutrition; comprehensive adult education; basic services in five priority districts; and integrated rural development projects in Massinga and the Maputo and Beira "green zones".

43. Based on experiences in Massinga, Manica, Espungabera, Changara and the "green zones" of Maputo and Beira, the area-based programme will be expanded to cover five additional priority districts. The choice of project sites in these districts will be guided by indicators relevant to children such as child population, IMR and malnutrition levels. This expansion recognizes that, at this point, survival of the rural population will depend on its ability to provide for itself. The programme is committed to an intersectoral approach for service delivery and the participation of communities in planning and implementing activities that affect them, particularly those that will improve the survival and development of children and women from disadvantaged groups. As has been the case in the Massinga district and the Maputo and Beira "green zones", women will play a key role in these district-based programmes, both as beneficiaries and as participants in the development activity envisaged.

44. Coupled with the area-based programme, activities that will contribute to policy development in the area of national, local and household food security on the one hand and those that assist in developing a national programme framework on the other will form part of the country programme. Collaboration with the National Department for Rural Development, the Ministry of State Administration and the Planning Commission will continue as already initiated during the current programme.

Information, social communications and mobilization

45. As support to the country programme, the major objectives of information and social communications programmes are to maximize the effective output of service delivery programmes. The social communications programme has four components, i.e., training, production, research and mobilization. The training component envisages upgrading the capacity of some 730 workers, including basic and middle-level personnel from all 10 provinces, in the various aspects of communications work. The production component outlines various communications materials to be produced for radio, print and experimental television and through a network of communications centres in support of various CSD programmes utilizing Facts for Life. More specifically, the programme will produce 2,190 national radio broadcasts, 1,870 provincial radio broadcasts, approximately 310 television programmes and 70 editions of the monthly newspaper O Campo. ICS will conduct a national KAP study which should, along with communications-related research, prepare it and other sectors for more effective communications planning and production. The final component of mobilization envisages various activities involving the mass media, but also utilizing the social communications centres to reach approximately 1.5 million people. Activities to involve the Frelimo Party, religious groups and democratic mass organizations are an integral part of the plan.

46. With regard to the information programme, two major strategies to complement social communications will be followed. The goal of the first strategy is to expand the information and media infrastructure in ways that will increase Mozambican public attention, discussion and understanding of the special needs and rights of children and women from both an emergency and a developmental point of view. The second information strategy is to work systematically with the Ministry of Information, the foreign media, National Committees for UNICEF and NGOs to disseminate information about children and women in Mozambique among targeted audiences. Co-operation between the Ministry of Information and UNICEF in external relations planning, management, training, news monitoring and production will lead to an expanded capacity to project a balanced image of conditions and needs of children and women in Mozambique.

Children in especially difficult circumstances

47. This programme emphasizes the reintegration of orphaned, abandoned and disabled children within families at the community level rather than in institutions such as orphanages. The programme will also stress the rehabilitation of children in difficult circumstances through community-based alternatives. While experience has been limited in providing community-based alternatives, and despite the obvious constraints in Mozambique, opportunities do exist. Efforts will be made to identify the traditional family and community structures that have been weakened by the war and, through the provision of an integrated package of services, to strengthen the ability of the family unit to provide better for its children, thereby preventing or reducing the chances of its disintegration. The programme will also embark on a large-scale training programme at all levels, to improve the skills of government staff, NGOs and community members, as well as for advocacy and sensitization of these groups to the relevant issues.

48. Based on government priorities and given the experience gained so far, three sets of strategies will be implemented: one addressed to pre-schoolchildren and to be managed by the National Department of Rural Development; another addressed to school-age children, to be managed by the Special Education Unit of the Ministry of Education; and an umbrella strategy aimed at promoting wider legal protection of children and advocacy for increased programme attention, to be managed by the Commission on Child Rights.

49. Collectively, those strategies will provide support for the rehabilitation of traumatized children through a network of primary schools, pre-school and social welfare outlets covering about 500,000 children; improve the technical and management capacity of the Department of Rural Development and the Special Education Unit on planning and managing programmes related to children in especially difficult circumstances; improve the data base on such children through selected research; and improve legal protection for Mozambican children through advocacy and support for appropriate legislation.

Education

50. The education programme aims to increase the efficiency, effectiveness and relevance of the educational system. The overall goal is to increase the literacy rate from an estimated 34 per cent to 45 per cent by 1995. Specifically, it will attempt to reduce the drop-out rate in primary education from an estimated average of 20 per cent in 1988 to an average of 17 per cent in 1995; to reduce repeater rates in primary education from an estimated average of 26 per cent in 1988 to an average of 19 per cent in 1995; to increase the completion rate in primary education from an estimated average of 53 per cent in 1988 to an average of 64 per cent in 1995; to improve the performance of the education system by introducing pilot experiments in functional literacy; to introduce a primary teacher-training curriculum compatible with the national system of education; to upgrade the skills of existing primary schoolteachers; to construct and rehabilitate school facilities; and to increase relevance by including community-school linkages, production, survival and child and environmental health issues into the teacher-training curriculum.

51. The programme will benefit 780,000 children and 56,000 adult women, reintegrating some 7,000 war-affected teachers and about 500,000 children into the community. The programme will provide in-service training to an additional 13,000 primary schoolteachers (50 per cent of the total in 1989) to upgrade their professional skills.

52. The training and upgrading of skills of primary schoolteachers will be continued, with an emphasis on the quality of teacher training in order to enable them to deal with children traumatized by war. In addition, emphasis will be placed on overall improvement in the quality of teaching with the development of a more practical curriculum for primary schools, including a health and nutrition component, in-service training and a distance teaching programme, which will be of importance owing to the continuing inaccessibility of large areas due to war. In addition, the community-school linkage project will be expanded initially within Gaza and in two other provinces. An adult education pilot project using mother

tongues will be introduced, supported by materials to be developed for both literacy and post-literacy purposes.

Women and development

53. The new country programme integrates women's needs and concerns in the planning and implementation of all UNICEF-assisted programmes in health, education, water supply and sanitation and rural development. The programming process has placed renewed emphasis on building women's concerns into various programmes. In addition, the programme will play a major advocacy role in the integration of women's issues into policies, programmes and resource allocations at national and provincial levels. It will also support projects addressing specific needs of women such as the promotion of income-generating activities through the provision of revolving credit and a research programme to provide information on as-yet unexplored women's issues, which will serve as a springboard for pilot projects for women. The programme will continue capacity-building at the Mozambican Women's Organization, but emphasis will be placed at the provincial level with a focus on enabling members to advocate women's issues in planning and implementing programmes.

Water, sanitation and hygiene education

54. The programme follows three strategic lines. First, the water supply programmes are concentrated in the least privileged and most vulnerable areas of the country. Secondly, the programme integrates water, sanitation and hygiene education. Every water supply programme is accompanied by hygiene education and will be followed by sanitation as the pilot project on sanitation proceeds. Thirdly, the programme is based on the need to ensure sustainability. Provincial and regional water workshops will become self-sufficient. Operation and maintenance responsibilities are decentralized to district and community levels. The involvement of women will be maximized to ensure that they benefit most, and water points will be provided as close to their houses as possible. Women are also involved as hand-pump caretakers and as monitors in the health education programme.

55. The programme aims to increase the access of the urban population to safe potable water from 35 per cent in 1987 to about 50 per cent by the year 1995, reattaining the 1980 level. In addition, it will provide minimum facilities for war-displaced persons through the construction of public standpipes in peri-urban zones to serve approximately 35 per cent of the urban population. The programme will double the 1987 coverage level for rural water from 17 to 34 per cent by 1995, benefiting approximately 3 million people. Emphasis will continue to be placed on simple, low-cost technologies to reduce per capita cost and to ensure sustainable operation and maintenance. A target of one water source per 100 families at a maximum distance of 500 metres will be maintained.

56. The eight projects included in the country programme are a positive response to a lack of basic services in those provinces affected by the war and form part of the overall government programme. Three provinces with low water supply coverage and without extensive donor assistance - Inhambane, Sofala and Zambezia - have been selected for integrated rural water supply and sanitation projects combining dug wells and pumps. In addition, it is planned to consolidate the operational and

maintenance capacity of the Mueda Plateau Water System and to strengthen the operational maintenance capacity for water supply at the district level in five provinces. The programme will continue support to the National Water Training School through the provision of technical staff, as well to the central management of the National Rural Water Supply Programme, both of which are critical to filling the national gap of trained staff.

57. In 1987, urban sanitation coverage was 20 per cent by conventional sanitation and 55 per cent by pit latrines, of which only about 10 per cent were improved latrines. The 1995 target is to maintain the 75 per cent coverage level while raising the proportion of improved latrines to 25 per cent. Rural sanitation is to be extended to ensure that at least 25 per cent of the rural population is served by the year 1995. Out of these, at least 5 per cent are to be served by improved traditional or newly designed latrines.

Social action for protecting the poor

58. Social action for protecting the poor will pursue the achievements already made in the last country programme in ameliorating the social effects of economic adjustment. The programme will consist of three components: monitoring the effects of the economic rehabilitation programme on the poor; development of a social action fund; and advocacy and dissemination of evaluation results of the impact of the economic rehabilitation programme on the poor. Short-term poverty alleviation measures will be planned and implemented on the basis of community and local government initiatives. Relief is not the objective, but rather employment and the transfer of resources that are socially productive and fit within the context of longer-term economic and social development projects.

Emergency rehabilitation and resettlement

59. In a situation where access to basic services in rural areas has been substantially reduced by the war and where vulnerability among large population groups continues to exist, an emergency programme must necessarily incorporate both short-term measures to avert death and suffering and medium-term measures, implemented simultaneously with relief, to begin the process of rehabilitation. The latter process provides for the reconstruction of household food production, employment and the rebuilding of basic social and economic services. It is also necessary to ensure the efficient use of scarce resources. These are the main objectives of the Government/UNICEF emergency programme for 1990-1995.

60. Four projects developed during the last country programme will continue: the quick action response capacity fund, to provide essential non-food items to displaced and drought-affected groups nationally, but focusing on three to four priority provinces, along with the provision for airlifting to inaccessible areas; the rural integrated resettlement programme for displaced people, to provide multisectoral support aimed at restoring food security and access to basic services in four districts seriously affected by the war; the rehabilitation of war-affected social services for rural health centres and primary schools in Manica, Tete and two other provinces, ensuring that maximum use is made of local materials; and

strengthening national capacity for emergency management by providing in-service training for staff of the Department for Prevention and Combat of Natural Calamities and provincial or district emergency commissions in the key tasks of monitoring emergency conditions through the development and use of an information system.

Programme co-ordination and monitoring/social planning for children

61. Until now, UNICEF/Government collaboration has been largely with individual ministries and departments. The country programme exercise was able to mobilize the Ministry of Co-operation as government co-ordinator, but in order for this participation to continue at the same level additional inputs will be required to establish a formal co-ordination mechanism. At the same time, many UNICEF efforts at social planning related to the emergency and to rural development have been isolated within the respective ministries.

62. Programme co-ordination and monitoring will be an integral part of the country programme. Activities for regular intersectoral monitoring and co-ordination will be implemented to ensure proper management of the overall programme. A manual for programme monitoring will be produced as a guide for all sectors. Overall programme co-ordination will be undertaken by the Ministry of Co-operation, Directorate of Planning and Studies. Support for strengthening the department will be provided as part of the programme. UNICEF will work with UNDP and the Ministry of Co-operation to ensure maximum support to the Government in the design and approach to programme co-ordination and monitoring.

63. In conclusion, the country programme 1990-1995 has set ambitious goals and objectives. The requested supplementary funding is more than four times greater than that requested for general resources, but in a country where absolute poverty is so pervasive due to the war of destabilization, years of drought and the economic consequences of the economic rehabilitation programme, the request is more than justified. Current political will and the real success in CSD during the past five years have demonstrated that the Government has the capacity to utilize these funds effectively and efficiently for the benefit of Mozambican women and children.

MOZAMBIQUE

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	297x/	(1988)	Very high U5MR
Infant mortality rate	173x/	(1988)	Very high IMR
GNP per capita	$170	(1987)	Low GNP
Total population	15 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	435	552	625	669
Infant deaths (under 1)	(thousands)	75	87	104	116
Under-five deaths	(thousands)	129	148	178	199
Under-five mortality rate (per 1,000 live births)		296x/	268x/	284x/	297x/
Infant mortality rate (under 1) (per 1,000 live births)		172x/	157x/	166x/	173x/

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1984)	Moderate & severe	..	57*
	Severe	..	8*
Babies with low birth weight (%, 1981/1987)		16	20*
Children completing primary level (% of first grade, 1980)		26	..

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1987)		.. /../..	99*/96*/..
Prevalence of wasting (%)		..	..
Prevalence of stunting (%)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		77	69
Food production per capita index (Index 1979-1981=100, 1980/1988)		100	84
Household expenditure (% of total income)	All food/cereals	.. /..	../..

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			14
Access to health services	Total	30*	39*
(% of population, 1980/1988)	Urban/rural	../..	100*/30*
Access to safe water	Total	13*	16
(% of population, 1980/1986)	Urban/rural	50*/ 7*	38 / 9
Access to adequate sanitation	Total	..	21
(% of population, 1986)	Urban/rural	../..	53 /12
Births attended by trained personnel (%, 1983/1988)		28	25*
Maternal mortality rate (per 100,000 live births, 1981)		300	..

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	46	47	59	49
	DPT	56	29	51	38
	Polio	32	25	38	38
	Measles	32	39	46	44
Pregnant women (%) immunized against	Tetanus	..	40	59	43

MOZAMBIQUE

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	297x/	(1988)	Very high U5MR
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EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	99/36	68/45
(%, 1980/1987)	Male	114/39	76/49
	Female	84/34	59/41
Secondary enrolment ratio (gross/net)	Total	5/..	5/..
(%, 1980/1987)	Male	8/..	7/..
	Female	3/..	4/..
Adult literacy rate, 15 years & older	Total	22	39
(%, 1970/1985)	Male/female	29/14	55/22
Radio/television sets			
(per 1,000 population, 1980/1987)		../(.)	38/ 1

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	9.4	12.1	13.7	14.8	20.4
Population aged 0-15 years	(millions)	..	5.5	6.3	6.8	9.4
Population aged 0-4 years	(millions)	..	2.1	2.4	2.6	3.5
Urban population (% of total)		6	13	19	24	41
Life expectancy at births (years)	Total	42	44	46	47	52
	Male/female	41/43	42/46	44/47	45/48	50/53
Total fertility rate		6.5	6.5	6.5	6.4	5.7
Crude birth rate (per 1,000 population)		46	46	45	45	41
Crude death rate (per 1,000 population)		22	20	19	18	15

		About 1980	Most recent
Contraceptive prevalence rate		..	4
(%, 1987)			
Population annual growth rate	Total	2.5	2.6
(%, 1965-1980/1980-1988)	Urban	11.8	10.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	-8.2
(%, 1980-1987)			
Inflation rate (%, 1980-1987)		..	27
Population in absolute poverty	Urban/rural	.. /..	50*/67*
(%, 1988)			
Household income share	Top 20%/bottom 40%	.. /..	.. /..
(%)			
Government expenditure	Health/education	.. /..	5*/10*
(% of total expenditure, 1987)	Defence	..	35*
Household expenditure	Health/education	.. /..	../..
(% of total income)			
Official development assistance:	US$ millions	169	649
(1980/1987)	As % of GNP	..	41
Debt service			
(% of goods & services exports, 1988)		..	100*

x/ Provisional.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1985-1989

(Thousands of United States dollars)

COUNTRY: MOZAMBIQUE
LATEST BOARD APPROVAL: 1985
GENERAL RESOURCES: $13,370,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	1791	3733	41	89	452	426	210	785	2494	5032	7527
Water supply and sanitation	239	1623	14	1	565	6	410	376	1228	2006	3234
Nutrition	34	713	18	41		347	9	549	61	1649	1710
Education	776	25	3		115		667		1560	25	1585
Community organization and development	145	781	25		4	1	33	64	207	846	1053
Women-centred programme	241	555	15		659	19	284	23	1199	597	1796
Emergency	146	10024		62	14	2191	381	4123	541	16400	16941
Planning and project support	499	147	64		1441	79	758	196	2762	422	3184
Freight	714	2161							714	2161	2875
GRAND TOTAL	4584	19762	180	193	3250	3069	2753	6115	10767	29138	39905

GR = General resources.
SF = Supplementary funding.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: MOZAMBIQUE Period covered: 1990-1995	Funding status	1990	1991	1992	1993	1994	1995	Total
Health								
Immunization	GR	90	90	105	105	115	115	620
	NSF	1260	1310	1360	1460	1560	1600	8550
Control of diarrhoeal diseases	GR	220	220	235	245	250	255	1425
	NSF	1267	1335	1388	1535	1655	1712	8892
Other health	GR	487	616	506	489	389	489	2976
	NSF	5460	5490	6160	6200	6290	6290	35890
Subtotal, health	GR	797	926	846	839	754	859	5021
	NSF	7987	8135	8908	9195	9505	9602	53332
Water supply and sanitation	GR	550	691	591	595	645	620	3692
	FSF	1801	943	188				2931
	NSF	106	2287	2466	2255	2367	2125	11606
Nutrition	GR	100	162	177	177	177	177	970
	NSF	370	410	420	430	430	430	2490
Area-based programme for rural development and household food security	GR	439	641	631	619	629	609	3568
	FSF	245						245
	NSF	615	987	817	689	412	411	3931
Education	GR	455	507	572	572	637	607	3350
	NSF	250	250	250	250	250	250	1500
Programme co-ordination monitoring project	GR	330	305	295	290	310	300	1830
Social action for protecting the poor	GR	30	250	250	250	250	250	1280
	NSF	335	335	335	335	335	335	2010
Emergency rehabilitation and resettlement	GR	100	116	266	266	266	266	1280
	FSF	2181	90					2271
	NSF		4453	4050	3691	3487	3285	18966
Women-centred programme	GR	285	337	287	287	287	287	1770
	NSF	260	168	198	198	198	198	1220
Children in especially difficult circumstances	GR	350	305	325	345	285	265	1875
	FSF	503						503
	NSF	300	700	700	700	300	300	3000

Table 2 (continued)

Country: MOZAMBIQUE Period covered: 1990-1995	Funding status	1990	1991	1992	1993	1994	1995	Total
Advocacy and social communication	GR	464	560	560	560	560	560	3264
TOTAL	GR a/	3900	4800	4800	4800	4800	4800	27900
	FSF	4730	1033	188				5950
	NSF	10223	17725	18144	17743	17284	16936	98055
GRAND TOTAL		18853	23558	23132	22543	22084	21736	131905

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

a/ In addition, $200,000 for food security has been funded from general resources for unfunded supplementary funding.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: MOZAMBIQUE	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts	4	720
Local national Professional and General Service established posts	14	433
Operating costs		926
Total	18	2079
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	7	1191
Supplementary funds	23	3867
Local national Professional and General Service project posts		
General resources	11	315
Supplementary funds	32	900
Total	73	6273

a/ For information source, see 1990 post authorization table, revised October 1989.

Annex

SELECTED LIST OF STUDIES AND EVALUATIONS

1. UNICEF, The situation analysis of children and women in Mozambique, Maputo, November 1989.

2. Government of Mozambique/UNICEF, Draft master plan of operations, Maputo, November 1989.

3. Government of Mozambique/UNICEF, Draft plan of operations, Maputo, November 1989.

4. Government of Mozambique/UNICEF, Draft programme plans of action, November 1989.

5. Green R. H., Poverty in Mozambique, February 1989, Ministry of Finance, Maputo.

6. Tanner C., Review of the integrated rural development project - Changara district, Tete province, Maputo, April 1989.

7. UNICEF/WHO, Mid-term review of the joint nutrition surveillance programme, Maputo, June 1988.

8. UNICEF, UNICEF emergency programme: Mid-term evaluation, Maputo, June 1988.

9. UNICEF/Food Studies Group, Evaluation of Espungabera emergency project, Maputo, June 1987.

10. Ministry of Health/UNICEF/UNDP/WHO/SCF, Evaluation of the accelerated programme of immunization, Maputo, April 1987.

11. UNICEF/WHO/Ministry of Health, Essential drugs programme review, Maputo, February 1987.

12. Food Studies Group/UNICEF, Evaluation of Tete commodity-grain exchange, Maputo 1986.

13. Food Studies Group/UNICEF, Socio economic survey of women's co-operative movement in Maputo, Maputo, 1986.

14. Wittrin, H. E., Evaluation of the integrated rural development project in the district of Massinga, Inhambane Province, Mozambique, Maputo, April 1989.